

PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

412 West Kinne Street, P O Box 238 **Ellsworth, Wisconsin 54011** (715) 273-6755 (715) 273-6854 FAX

For Office Use Only:	
ID Number	
Check Number	
Permit Number	
Date	
Initials	

PERMIT APPLICATION FOR A MOBILE RESTAURANT & BASE

AMODILE K	LOIAU	MAINI W	DAGE				
PLEASE CHECK ONE:	☐ New Esta	ablishment	☐ Change in C	Ownership	□ Name Change	Only Duplicate License	
Name o	of Business						
Location of Base of	Operations	STREET					
		CITY			STATE	ZIP	
	Telephone	()					
Legal Lice	nsee Name						
Licens	ee Address	STREET					
		CITY			STATE	ZIP	
Licensee	Telephone	()	e	mail address:			
Prima	ry Contact	Name			Pho	ne Number:	
If change of ownershipusiness Name	p previous						
Make ch	eck payabl	e to Pierce Co	unty Public I	Health Depar	rtment and mail t	o above address.	
Note: Applications & fees must be submitted at least 15 days prior to operation or a \$100 late fee may apply.							
Both the Mobile Base &	& each Mobi	ile Unit must be	inspected and	licensed. N	UMBER OF MOB	SILE UNITS:	
			MOBILE UNI				
(Check Pre-Inspection f	for new facili	ity or new permit	holder only, a	permit is requ	ired for base & mob	oile unit dependent on complexity.)	
Storage Only		Pre-Inspection	n Fee - \$132		oection Fee Construction) - \$181	☐ Annual License Fee - \$132	
Prepackaged Foods Or	nly	Pre-Inspection	1 Fee - \$209		oection Fee Construction) - \$259	☐ Annual License Fee - \$161	
Simple (assessment on back	k)	Pre-Inspection	n Fee - \$278	_	ection Fee Construction) - \$328	☐ Annual License Fee - \$253	
Moderate (assessment on	back)	Pre-Inspection	n Fee - \$413		ection Fee Construction) - \$462	☐ Annual License Fee -\$363	
Complex (assessment on b	ack)	Pre-Inspection	n Fee - \$557		oection Fee Construction) - \$606	☐ Annual License Fee - \$594	
MISCELLANEOUS:	□ \$100 – L	ate Fee □ \$1	5 – Duplicate	Fee □ \$25	Name change Onl	y □ \$100 – Consultation Fee	
MO	BILE REST	AURANT VEH	ICLE IDENT	IFICATION -	-List information f	for each vehicle	
Vehicle 1				Vehicle 2			
Manufacturer:	Mo	del of Vehicle: _		Manufactur	rer:	Model of Vehicle:	
Serial # or VIN:				Serial # or \	VIN:		
Will you be contracting with a licensed restaurant to provide food for the mobile unit? Yes \(\subseteq \) No \(\subseteq \) If yes, please complete the information requested below:							
Name of Restaurant:	:		_				
Facility Id#:		Contact N	ame:	Address	City Tel	State ZIP lephone:	
Intended opening date://							
When is your facility			Year arou	nd □\	Winter	□ Summer	
Signature of applica			i car arou	ш. Ц	7 7 1111001		
Signature of applica		Name		Position o	r Title	Date	

A pre-inspection Must Be completed prior to operating.

DETERMINATION OF RESTAURANT PERMIT CATEGORY:

Interpretation:

The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) identifies full service food licenses as simple, moderate or high risk facilities according to the food served, the method in which food is prepared and the population (seating) or number of people that are served at that facility.

Answer the questions below

1.	I. Simple Risk Establishments:								
	Yes	☐ No	Food is not prepared until an order is placed.						
	☐ Yes	☐ No	Food items are held hot for one meal period or for a maximum of 4 hours, whicheve is less.						
	☐ Yes	☐ No	Food preparation is limited to mixing together prepackaged products that do not need to be cooked further except for aesthetic reasons (such as frozen soup concentrate with milk), or to condiment preparation (such as slicing pickles and onions).						
2.	Moderate	Risk Estal	olishments:						
	☐ Yes	☐ No	The restaurant contains a self-service salad or food bar.						
	Yes	☐ No	The restaurant handles raw poultry, meat, or seafood.						
	☐ Yes	☐ No	The seating capacity of the restaurant or operation is 50 or more.						
	Yes	☐ No	Food is served through a drive through window for food pickup.						
	Yes	☐ No	The restaurant promotes delivery of ready-to-eat food products to customers.						
	☐ Yes	☐ No	Potentially hazardous foods are cooled, reheated, or hot or cold held for service longer than 4 hours.						
	☐ Yes	☐ No	Food is prepared in one location and then transported to be served in another location.						
	☐ Yes	☐ No	The restaurant contains or uses banquet facilities as well as main dining area.						
	☐ Yes	☐ No	Food is served that requires preparation activities such as chopping, dicing, slicing, boiling, cooling, blanching, or reheating in order for that product to be served.						
3.	Complex F	Risk Estab	lishments:						
	☐ Yes	☐ No	Contain 5 or more bullet points in the Moderate Risk category above.						
	☐ Yes	☐ No	Facility has been ordered closed by a state or local health department within the previous licensing year.						
	☐ Yes	☐ No	The facility has caused a foodborne outbreak within the previous licensing year.						
Υo	ur facility is	s classifie	d as: SIMPLE RISK MODERATE RISK COMPLEX RISK						