



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name <b>SHOPKO #007</b>	Facility Type <b>Not Engaged in Food Processing</b>
Facility ID # <b>ASTS-8S6N9K</b>	Facility Telephone # <b>608 788-8850</b>
Facility Address <b>4344 MORMON COULEE RD LA CROSSE , WI 54601</b>	
Licensee Name <b>SHOPKO OPERATING CO LLC</b>	Licensee Address <b>PO BOX 19060 ATTN: LICENSING GREEN BAY , WI 54311</b>

<b>Inspection Information</b>		
Inspection Type <b>Routine</b>	Inspection Date <b>08/03/2016</b>	Total Time Spent

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

<b>Observed Violations</b>
<b>Total # 0</b>

<b>Comments</b>
<a href="#">Risk assessment conducted at inspection.</a>

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

  
**Travis Quinn**

Sanitarian

  
**Aron Newberry**  
**(608) 785-9730**