



La Crosse County Health Department
Environmental Health

Phone: 608-785-9771, Web: www.lacrossecounty.org/health

Email: environmental@lacrossecounty.org

Wis. Stat. § 97.30

License Application – Retail Food Establishment – Serving Meals

Please mail application and payment to: La Crosse County Health Department, 300 4th Street North, 2nd Floor, La Crosse, WI 54601

ESTABLISHMENT/DBA INFORMATION				
ESTABLISHMENT/DBA NAME:			COUNTY:	
ESTABLISHMENT STREET ADDRESS:		CITY:		STATE: ZIP:
LEGAL ENTITY INFORMATION – CHECK ONE				
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Trust	In what state is your entity registered?
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):			COUNTY:	
LEGAL ENTITY MAILING ADDRESS:			CITY:	STATE: ZIP:
LEGAL ENTITY EMAIL ADDRESS:			LEGAL ENTITY PHONE NUMBER: () -	
CONTACT PERSON INFORMATION				
CONTACT PERSON:			TITLE:	
EMAIL ADDRESS (Leave blank if same as above):			PHONE NUMBER (Leave blank if same as above): () -	
FEES				FEE AMOUNT
Retail Not Serving Meals Fees				
<input type="checkbox"/> Retail SM Prepackaged (\$282 Permit Fee + \$300 Pre inspection Fee) \$582				_____
<input type="checkbox"/> Retail SM Simple (\$508 Permit Fee + \$400 Pre inspection Fee) \$908				_____
<input type="checkbox"/> Retail SM Moderate (\$621 Permit Fee + \$500 Pre inspection Fee) \$1,121				_____
<input type="checkbox"/> Retail SM Complex (\$852 Permit Fee + \$900 Pre inspection Fee) \$1,752				_____
<input type="checkbox"/> Restaurant – Inspection Only \$100				_____
<input type="checkbox"/> Tavern – Limited Beverage (\$100 Permit Fee) \$100				_____
<input type="checkbox"/> Tavern (\$120 Permit Fee + \$100 Pre-inspection Fee) \$220				_____
<input type="checkbox"/> Alcohol Beverage Tasting Facility (\$120 Permit Fee + \$100 Pre-inspection Fee) \$220				_____
<input type="checkbox"/> Schools – Central Kitchen \$392				_____
<input type="checkbox"/> Schools – Satellite Kitchen \$251				_____
TOTAL AMOUNT ENCLOSED: \$ _____			CHECK #: _____	

SIGNATURE - Please read carefully before signing

Information requested on this application must be provided to obtain a retail food establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you may be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30 of the following year. The license fee is not prorated for partial license years. The department or its agent may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You cannot operate without a valid license issued by the Department or its agent. The undersigned hereby certifies that this is a true, complete, and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.

Within 30 days after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SIGNATURE – APPLICANT

DATE SIGNED

For Office Use Only:

Sanitarian:	Permit Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Year:	Healthspace ID Number:		
Entered By:	Date:		