



**La Crosse County Health Department**  
**Environmental Health**

Phone: 608-785-9771, Web: [www.lacrossecounty.org/health](http://www.lacrossecounty.org/health)

Email: [environmental@lacrossecounty.org](mailto:environmental@lacrossecounty.org)

Wis. Stat. § 97.30

**License Application – Retail Food Establishment – Not Serving Meals**

Please mail application and payment to: La Crosse County Health Department, 300 4<sup>th</sup> Street North, 2<sup>nd</sup> 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
<b>Retail Not Serving Meals Fees</b>				
<input type="checkbox"/> Retail NSM Prepackaged (\$132 Permit Fee + \$300 Pre-inspection Fee) <b>\$432</b>				_____
<input type="checkbox"/> Retail NSM Simple Non TCS (\$191 Permit Fee + \$400 Pre inspection Fee) <b>\$591</b>				_____
<input type="checkbox"/> Retail NSM Simple Limited TCS (\$322 Permit Fee + \$400 Pre inspection Fee) <b>\$722</b>				_____
<input type="checkbox"/> Retail NSM Simple Unlimited TCS (\$508 Permit Fee + \$400 Pre inspection Fee) <b>\$908</b>				_____
<input type="checkbox"/> Retail NSM Moderate (\$621 Permit Fee + \$500 Pre inspection Fee) <b>\$1,121</b>				_____
<input type="checkbox"/> Retail NSM Complex <1 (\$792 Permit Fee + \$753 Pre inspection Fee) <b>\$1,545</b>				_____
<input type="checkbox"/> Retail NSM Complex 1-5 (\$855 Permit Fee + \$850 Pre inspection Fee) <b>\$1,705</b>				_____
<input type="checkbox"/> Retail NSM Complex 5-15 (\$989 Permit Fee + \$980 Pre inspection Fee) <b>\$1,969</b>				_____
<input type="checkbox"/> Retail NSM Complex >15 (\$1,045 Permit Fee + \$1,100 Pre inspection Fee) <b>\$2,145</b>				_____
<input type="checkbox"/> Food Retail – Inspection Only <b>\$100</b>				_____
TOTAL AMOUNT ENCLOSED: \$ _____			CHECK #: _____	

**Please note** – Meals could be prepared, served, and sold at your establishment, but cannot be the primary (greater than 50%) food activity. Please contact the La Crosse County Health Department if you think you have received this form in error.

**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:		