



# Transient Retail Food Vendor Questionnaire

Establishment Name:	Name of Event:
Establishment Street Address, City, State, and Zip Code:	Location and Date of First Event:
Mailing Address (if different from Establishment Address):	Set Up Date and Time:
Telephone Number:	E-Mail Address:
Owner Name:  _____	<b>I CONSENT TO INSPECTION AT LA CROSSE COUNTY EVENTS BY LA CROSSE COUNTY PERSONNEL</b>  _____
<b>Please print clearly</b>	<b>Signature</b>

Describe food preparation and utensil washing area screening to prevent contamination from flies and other insects. Example included in [Transient Retail Food Establishment Guidelines](#).

\_\_\_\_\_  
\_\_\_\_\_

What raw animal products will be used?

\_\_\_\_\_

Describe the foods being served.

\_\_\_\_\_  
\_\_\_\_\_

Where is the food being prepared? Circle: onsite or offsite

If offsite, location: \_\_\_\_\_

What date will food be prepared? \_\_\_\_\_

List the food vendors or suppliers you will use: \_\_\_\_\_

\_\_\_\_\_

Describe the handwashing setup(s) you will use and where you will place them.

**Note:** Handwashing stations required in all food preparation areas and grilling stations.

\_\_\_\_\_  
\_\_\_\_\_

Describe the equipment you will be using for food prep, cooking, cold and hot holding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Provide a list of additional events that you will be doing this year (name/date/location):

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**IMPORTANT:**

-Return this form to the Health Department at the address below at least 7 days before the event.

-If you hold a current WI DATCP Mobile Restaurant license or WI DATCP Transient Retail food license (state issued or issued by another WI county) please fill out below or attach copy of license

Licensing Jurisdiction \_\_\_\_\_

ID Number \_\_\_\_\_

Expiration Date (MM/DD/YYYY) \_\_\_\_\_

**FEES:**

If you hold a current DATCP or other Wisconsin County license:

\$70 inspection fee at time of inspection

If you do not hold a current license, you will be licensed at event.

La Crosse County Transient License:

\$200 at time of event

Checks payable to La Crosse County Health Department

Signature of Person in Charge \_\_\_\_\_

If you have questions, please call the La Crosse County Health Department at (608)785-9771

Email: [environmental@lacrossecounty.org](mailto:environmental@lacrossecounty.org) Website: <https://lacrossecounty.org/health/>.

***For Office Use Only:***

Date Submitted: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_