



WOOD COUNTY HEALTH DEPARTMENT
APPLICATION FOR
TEMPORARY FOOD SERVICE
TEMPORARY RESTAURANT PERMIT

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| Confirmation of Application Receipt | <input type="checkbox"/> |
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WOOD COUNTY PERMIT # 29-_____

In accordance with Wood County Ordinances 300 and 301, and Chapter 254 Wisconsin Statutes, I do hereby make application to the Wood County Health Department for a temporary food service/restaurant operating permit for the dates indicated below. Permits are not transferable. **A separate permit is required for each temporary event, unless an annual license is purchased.** Annual permits will be rescinded if applicable food safety codes are not met. A Wood County Temporary Food Service, Temporary Restaurant permit is required if you manufacture or prepare food for sale or offer food to the public. Per Wis. Administrative Code non-profit organizations may operate **3** days in a calendar year before a license is required. Proof of Nonprofit status is required. This requires a 501 (c) 3 number which is not the same as a tax exempt number.

Mail completed application to the **Wood County Health Dept. at P.O. BOX 8080, Wisconsin Rapids WI 54495** or Fax to (715) 421-8962.

If non-profit, provide a **501 (c) 3** number. _____

Establishment Name _____

Establishment Address _____

Owner Name _____

(List the individual, partnership, or corporation name and the agent)

Owner Address _____

Phone: _____ Fax/Email _____

Temporary Restaurant - Initial event in calendar year, if paying per event \$ 80.00

Annual Temporary Restaurant Fee – Farmers Markets and an option for others having many events in calendar year. \$170.00

Temporary Restaurant -Non-Profit Organization - first licensed event in calendar year \$ 50.00

Temporary Restaurant License Fee - subsequent event fee \$ 35.00
 (Applies to all organizations/businesses in the same calendar year)

DATCP Inspection Fee - per event fee with current license \$ 35.00

DATCP Annual Insp. Fee - An option for DATCP stands that do many events per year \$100.00

Operating without a License Fee - Double License Fee

AMOUNT PAYABLE TO WOOD CO HEALTH DEPT. Total \$ _____

--OVER--

NAME OF EVENT: _____ DATE _____

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1. Will all foods be prepared, (cut, mixed, cooked) at the temporary food service booth?
YES or NO If No, Where will food preparation occur? _____

2. Menu: List all menu items.

3. For each potentially hazardous food item prepared and served (i.e. meat, poultry, seafood, milk, eggs, etc.) indicate the source or manufacturer of these food supplies.

4. Please describe:

Source and storage of water:

Storage and disposal of wastewater: **(wastewater must be properly disposed of)**

Storage and disposal of garbage:

5. Temporary Food Booth:

Describe the construction and materials used for floor, walls, and ceiling surfaces:

Signature _____

For any questions call the Wood County Health Dept. at (715) 421-8911 or (715) 387-8646. If you need a confirmation of application receipt, please add your email address or fax number.