



NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM

Bayside, Brown Deer, Fox Point, River Hills, Shorewood, Whitefish Bay

4800 W Green Brook Drive
Brown Deer, WI 53223-2496

Phone: (414) 371-2986
Fax: (414) 371-2988

LICENSE INFORMATION

LICENSE PERIOD: Annual from July 1st to June 30th

A license is required for any owner, operator or agents of the following:

- Any hotel, motel, tourist rooming house
- Restaurant, food establishments, retail establishments
- Bed and breakfast establishments
- Campgrounds, recreational & educational camps
- Public swimming pools
- Tattoo and body piercing establishments
- Establishments possessing Class A, Class B, or Class C alcohol beverage licenses
- Vending machine commissaries or vending machines and the national school lunch and breakfast program
- Temporary Events
- Farmers Markets

HOW TO APPLY: Submit a completed application and additional forms, as required, including a complete set of proposed drawings, if applicable. **Please type or print** both sides of the application.

- A plan review may be required.
- A pre-inspection of all premises is required prior to any licensure.
- Sign and date the application.
- All restaurants must submit a copy of their proposed menu with the application as part of the plan review

LICENSE FEES: License fees vary, depending on facility type. The sanitarian will determine the license fee. Payment must be submitted prior to the issuance of the license. Payment is accepted only in cash or check made payable to NSEHC.



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FOOD FACILITY LICENSE APPLICATION

Please Type or Print Only

Application for: ____ New Establishment ____ Change in Ownership

Establishment Name	Establishment Telephone ()
Establishment Street Address, City, State and Zip Code	Business e-mail address
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	Legal Licensee Telephone ()
Licensee Street Address, City, State and Zip Code	Personal e-mail address (optional)
REMINDER: No license is transferable. Contact our Department if a change in owner or licensee occurs. (414) 371-2986	Intended Date of Opening for Business

Water Supply ☐ Municipal ☐ Private Well Seating Capacity _____

When is your facility open for business ☐ Year Round ☐ Seasonal - Indicate which months business is **open**
Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

Planned hours of operation

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

At least one Wisconsin Certified Food Manager is required at all establishments involved in food preparation.

IF NOT A CERTIFIED FOOD MANAGER, THIS WILL BE DUE IN 90 DAYS. PLEASE ASK FOR FURTHER INFORMATION

Wisconsin Certified Food Manager: Name: _____

ID Number: _____

Expiration Date: _____

BY SIGNING BELOW, I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND ACKNOWLEDGE THAT ANY CHANGE IN THE INFORMATION ON THE APPLICATION SHALL BE REPORTED TO NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM (NSEHC) WITHIN 10 DAYS OF THE CHANGE. I SHALL PROMPTLY NOTIFY NSEHC IN WRITING IF MY ESTABLISHMENT CEASES OPERATION.

YOUR SIGNATURE BELOW ALSO ACKNOWLEDGES THAT YOU HAVE RECEIVED A COPY OF THE CODE OR INFORMATION AS TO WHERE TO OBTAIN A COPY AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S), INCLUDING WISC. STATS. 254, ATCP 75 and DHS 196. FOR A COPY OF THE MOST RECENT FOOD CODE, PLEASE VISIT THE NORTH SHORE HEALTH DEPARTMENT'S WEBSITE AT: www.nshealthdept.org

SIGNATURE OF LICENSEE OR AGENT	TITLE	DATE

To receive a license, send the completed application to the NORTH SHORE ENVIRONMENTAL HEALTH CONSORTIUM (NSEHC) at 4800 West Green Brook Drive, Brown Deer, WI 53223. Upon receipt and review of your application, the sanitarian will contact you to discuss preopening requirements and charges for your establishment. **Do not send any payment at this time.**

Within 30 days after receiving a completed application for a food facility license, the NSEHC shall either approve or deny the application. If the application for a license is denied, the NSEHC shall give the applicant reason, in writing, for the denial. A license shall not be issued to an operator without prior inspection and all applicable fees having been paid. License will be issued according to: Wisconsin Statutes Chapter 254.

This license application does not apply to temporary food permits. Please request a temporary food permit application if needed.

PLEASE ANSWER QUESTIONS ON REVERSE SIDE

Please answer the following questions as they pertain to your establishment

- | | | |
|-------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail | Is the business a restaurant or retail food establishment? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you serve food cooked to order? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does any food require preparation such as chopping, dicing, slicing, boiling, cooling, blanching, or reheating in order to be served? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does food served require cooling/reheating of Time/Temperature Control for Safety (TCS) food? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will hot or cold Time/Temperature Control for Safety (TCS) food be held for service longer than 4 hours? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does food establishment have a drive-up/walk-up service window or delivery? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Does food establishment contain a self-service salad or food bar? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you use raw poultry, eggs, meat, or seafood? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you provide catering? Catering is preparing food in one location and then transporting it to be served in another location. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you planning to deliver ready-to-eat food products to customers? |

Additional questions for RETAIL establishments only

Please indicate your projected annual food sales below:

- _____ Sales over \$1,000,000 of Time/Temperature Control for Safety foods
- _____ Sales between \$25,000 to \$1,000,000 and engaged in food processing of Time/Temperature Control for Safety foods
- _____ Sales over \$25,000 engaged in food processing, does not process Time/Temperature Control for Safety foods
- _____ Sales under \$25,000
- _____ Does not engage in food processing