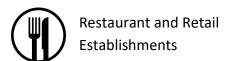


4800 W. Green Brook Dr. Brown Deer, WI 53223-2496 (414) 371-2980 fax (414) 371-2988 nshealthdept.org

Food Service Application

LICENSE REQUIREMENTS:

- Annual licenses run July 1 June 30
- A license is required for any owner, operator or agents of the following:





National school lunch and breakfast program

HOW TO APPLY:

Complete this application and submit with additional forms, as required. Be sure to sign and date 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.

CONTACT INFORMATION FOR PHYSICAL LOCATION					
Common Name	(Doing Business A	As):	Email:		
Business Address (Location of facility):			Business Phone:		
City:	State:	ZIP Code:	Fax Number:		
Name of Contact at Facility:			Home phone:	С	ell phone:
CONTACT INFORMATION FOR LICENSEE					
Licensee (individual, partnership or corporation):			Owner/Franchisee Name:		
Email (if different from facility email):			Business Phone (if different from facility phone):		
Billing Address (if different from facility location):			Fax Number (if different from facility fax):		
City:	State:	ZIP Code:	Home phone:	С	ell phone:
Mail renewal no	tification to: \Box F	Physical Location A	Address	Li	icensee Address
PLAN REVIEW and/or PERMIT					
TYPE OF PLAN REVIEW/PERMIT □ New building construction and new food service permit □ Remodel with existing permit □ Change of ownership with remodel □ Change of ownership—no remodel					
HOURS OF OPERATION					
Sunday	- W	/ednesday	- Friday		-
Monday	- T	hursday	- Saturda	ay	-
Tuesday	-				
Anticipated date of opening:					
Are you connected to a private well? ☐ Yes ☐ No			Are you connected to a private septic system? ☐ Yes ☐ No		
ARCHITECT INFORMATION (if available)					
Company name:			Email:		
Contact name:			Business Phone:		
City:	State:	ZIP Code:	Fax Number:		

ESTABLISHMENT INFORMATION Briefly describe the type of food operation you are applying for. Include any special processes that may require a variance or a HACCP Plan (curing, smoking, vacuum sealing, drying, acidification, sous vide, etc.). Is a copy of proposed menu attached? □ Yes □ No Please answer the following questions as they pertain to your food establishment. Business is a: Restaurant Retail food establishment ☐ Mobile restaurant base Does food establishment contain a self-service salad or food bar? ☐ Yes □ No Does food establishment use raw poultry, eggs, meat, or seafood? □ Yes Does any food require preparation such as chopping, dicing, slicing, boiling, cooling, blanching, or reheating in order to be served? ☐ Yes ☐ No Is the seating capacity of the food establishment over 50 people? ☐ Yes □ No Are any potentially hazardous foods cooled, reheated, or hot or cold held for service for longer than 4 hours? ☐ Yes □ No Does food establishment have a drive-up/walk-up service window? ☐ Yes ☐ No Does food establishment prepare food when ordered? ☐ Yes Food establishment promotes delivery of ready-to-eat food products to customers? Yes No Does food establishment provide catering, defined as preparing food in one location and then transporting it to be served in another location? ☐ Yes No FOR RETAIL ESTABLISHMENTS ONLY Projected annual food sales are: ☐ Over \$1,000,000 of Time/Temperature Control for Safety foods ☐ \$25,000 to \$1,000,000 and engaged in food processing of Time/Temperature Control for Safety foods Over \$25,000 engaged in food processing, does not process Time/Temperature Control for Safety foods ☐ Under \$25,000 ☐ Does not engage in food processing

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 the North Shore Environmental Health Consortium (NSEHC) within 10 days of the change. My 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 Chapter 254, and ATCP 75 and 97. For a copy of the most recent Wisconsin codes, please visit: https://www.nshealthdept.org/Licensing.aspx

Signature of licensee or agent Title Date

To begin the licensing process, mail this completed application and additional forms, as required, to:

North Shore Environmental Health Consortium (NSEHC) 4800 West Green Brook Dr. Brown Deer, WI 53223

Or email to:

nshd@nshealthdept.org

Upon receipt and review of your application, you will be contacted to discuss any pre-opening requirements and charges for your establishment.

Do not send any payment at this time.

Within 30 days of receipt of a completed application for a 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 paid. License will be issued according to Wisconsin Statutes 75 and 97.

CERTIFIED FOOD MANAGER INFORMATION

Only establishments that engage in restaurant activities are required to have a certified food manager.

- Simple food establishments that serve only single service, individual, already pre-wrapped foods from a licensed food distributor or serve/sell only non-potentially hazardous foods are exempt from the certification requirement.
- A restaurant with five or fewer food handlers must have a manager who holds a license for Food Safety Training for Small Operators. Operators of Temporary Restaurants are exempt from this requirement.

To meet regulatory requirements, required personnel must post the exam certificate, taken within the past 5 years, for review by inspection staff. Small operators must post the course completion certificate.

The operator or manager of an establishment that is new or undergoing a change-of-operator must have a food manager with the appropriate credential within the first 90 days after opening.

Read more about the specifics on the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) website at: https://datcp.wi.gov/Pages/Programs Services/foodmanager.aspx

Wisconsin currently accepts the following food manager certification exams:

- <u>Prometric Inc Certified Professional Food Manager Course Examination</u>
- National Restaurant Association- ServSafe (SS) Course Examination
- Environmental Health Testing, LLC Food Safety First Principles Course Examination
- 360 Training Inc
- Above Training/State Food Safety