



NORTH SHORE
 ENVIRONMENTAL HEALTH CONSORTIUM
A Licensing and Inspection Program of the North Shore Health Department

Transient Retail Food License Application

ESTABLISHMENT/DBA NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE NUMBER: () - S	
Locations Operating:			

LEGAL ENTITY INFORMATION – CHECK ONE

<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	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:
EMAIL ADDRESS:			LEGAL ENTITY PHONE NUMBER: () -	

CONTACT INFORMATION

CONTACT PERSON:	TITLE:	PHONE NUMBER: () -	EMAIL ADDRESS:
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LICENSE FEES

Transient Retail TCS (Annual License, Includes Farmers Markets)	LICENSE FEE: \$175.00
Transient Retail Non - TCS	LICENSE FEE: \$100.00
Total Amount Enclosed: \$	Check Number:

Scan QR Code to pay fee online: Paid <input type="checkbox"/>		Fee Amount: \$
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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. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. The health department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. 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 or deny the application. If the application for a license is denied, the health department shall give the applicant reasons, in writing, for the denial.

SIGNATURE – APPLICANT: _____

DATE SIGNED: _____

Serving the communities of Bayside, Brown Deer, Fox Point, Glendale, River Hills, Shorewood, and Whitefish Bay

Address: 5901 N. Milwaukee River Parkway, Glendale, WI 53209 · Phone: (414).371.2980