

Department of Public Health

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Public Health Administrator

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CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT
*Serving the City of Racine and the
Villages of Wind Point & Elmwood Park*

Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT/FARMER'S MARKET BOOTH

MAKE SURE TO CHECK WITH CITY CLERKS/TREASURER'S OFFICE FOR OTHER PERMITS THAT MAY BE REQUIRED

ALL APPLICATIONS MUST BE RETURNED AT LEAST TWO (2) WEEKS BEFORE THE EVENT OR LATE FEES WILL BE ASSESSED.

YES NO

NAME OF OPERATOR/ORGANIZATION ADDRESS NON-PROFIT

CONTACT PERSON/LEGAL LICENSEE CELL PHONE NUMBER

EVENT NAME LOCATION OF EVENT

DATE(S) FOOD WILL BE SERVED TIME FOOD SERVED (THIS MUST BE FILLED IN)

LICENSED BY THE STATE OR ANOTHER JURISDICTION? YES NO

IF YES, CHECK REGULATORY AGENCY AND TYPE OF LICENSE (MUST PROVIDE COPY OF PERMIT WITH APPLICATION):

AGENCY: WI DATCP LICENSE TYPE: TEMPORARY RESTAURANT
 LOCAL HEALTH DEPT.: _____ MOBILE RESTAURANT

1. LIST FOOD ITEMS BELOW AND CHECK PREPARATION PROCEDURE (CHECK ALL THAT APPLY)

| FOOD ITEM | FRY | GRILL | REHEAT | HOT HOLD | COLD HOLD | MIX | SLICE | OTHER | OTHER |
|-----------|-----|-------|--------|----------|-----------|-----|-------|-------|-------|
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***NO FOOD PREPARATION MAY BE DONE AT HOME. ALL FOOD MUST BE PREPARED AT THE TEMPORARY FOOD SERVICE BOOTH**

2. HAVE YOU READ THE TEMPORARY FOOD SERVICE GUIDELINES? Yes No

3. DESCRIBE THE SOURCE OF WATER FOR HANDWASHING AND FOOD PREPARATION AND HOW WASTEWATER WILL BE DISPOSED?

4. TEMPORARY FOOD CLASS IS OFFERED EVERY THURSDAY AT CITY HALL IN ROOM 1 AT 2:30PM

5. SEE BACK FOR FEE LIST

THE HEALTH DEPARTMENT MAY LIMIT OR MODIFY THE NATURE OF THE FOOD SERVICE BOOTH OR THE TYPE OF FOOD BEING SERVED TO PROTECT THE HEALTH AND SAFETY OF THE GENERAL PUBLIC. I UNDERSTAND THAT IF NO ONE ATTENDS THE FOOD CLASS FROM THE ABOVE ORGANIZATION, IF ALL REQUIREMENTS ARE NOT MET AT TIME OF INSPECTION, OR IF THE FOOD SERVICE BOOTH IS NOT READY AT THE TIME LISTED ABOVE, A PERMIT MAY NOT BE ISSUED.

APPLICANT SIGNATURE PRINT NAME DATE

TEMPORARY FOOD ESTABLISHMENT PERMIT FEES

| Temporary Restaurant Permit/Inspection Fees - Non-Profit Organizations with 501(c)3 Status | Permit Fee |
|--|-------------------|
| Serving meals operated by an exempt group for 1-3 days per year | Exempt |
| Serving retail food operated by an exempt group for 1-12 days per year | Exempt |
| Serving meals and operated by an exempt group for 4+ days per year | \$191 |
| Serving retail food with processing and operated by an exempt group, for 13+ days per year (annual permit) | \$208 |
| Serving retail food without processing and operated by an exempt group, for 13+ days per year (annual permit) | \$106 |
| Temporary Restaurant Permit/Inspection Fees - Organizations without 501(c)3 Status | Permit Fee |
| Serving meals (annual permit) | \$208 |
| Serving retail food with processing (annual permit) | \$208 |
| Serving retail food without processing (annual permit) | \$106 |
| State Mobile Permit (DATCP) or other jurisdiction/ for temporary events (limited to 4-12 events per year) - Inspection Fee | \$53 |
| Extension of Premises | \$45 |
| Late Fees | |
| Applying less than 2 weeks in advance | \$32 |
| Applying less than 48 hours in advance | \$127 |

FEE AMOUNT-

Permit Fee \$ _____
 Late Fee (if applicable) \$ _____
 Total Paid \$ _____
 Method of Payment _____

*Make check payable to "City of Racine"

Credit card information:

 CREDIT CARD PAYMENT (MC OR VISA) EXP DATE

 ZIP CODE CARD IS BILLED TO CCV CODE (ON BACK OF CARD)

 NAME ON THE CARD

| | |
|--|--|
| FOR HEALTH DEPARTMENT USE ONLY: | |
| <input type="checkbox"/> | VENDOR IS NOT REQUIRED TO BE LICENSED |
| <input type="checkbox"/> | VENDOR IS NON-PROFIT AND HAVE A COPY OF THE 501(c)3 |
| <input type="checkbox"/> | VENDOR IS LICENSED BY OTHER AND REQUIRES AN INSPECTION FEE |
| <input type="checkbox"/> | VENDOR IS NOT CURRENTLY LICENSED |
| <input type="checkbox"/> | PROOF OF HAWKERS AND PEDDLERS PERMIT |
| _____ | |
| SANITARIAN SIGNATURE | DATE |