



Founded in 1853

Clark County Health Department
517 Court St Room 105
Neillsville, WI 54456
Phone (715) 743-5105 Fax (715) 743-5115

New (8-21)

License Application – Transient Retail Food Establishment Selling Only Prepackaged Foods

Wis. Stat. § 97.30

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

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"/> 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:
Out of State Operators – If known, list first city/county of operation:			

Retail Food Transient, Prepackaged – License Fee: \$50	TOTAL AMOUNT PAID:	CHECK #:
--	--------------------	----------

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 (*Wis. Stat. §15.04(1)(m)*). Operating without a license is a violation of Wisconsin Law. 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 Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. 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 shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial.

SIGNATURE – APPLICANT:	DATE SIGNED:
------------------------	--------------

Please mail application and payment to: Clark County Health Department, 517 Court St Rm 105, Neillsville, WI 54456