

Buffalo County Health Department
407 South Second Street
P.O. Box 517
Alma WI 54610-0517



Telephone: (608) 685-4412
Fax: (608) 685-3342
Email: dhhs@co.buffalo.wi.us
www.buffalocounty.com/331/Public-Health

Buffalo County Health Department

Prevent. Promote. Protect.

Transient Retail Food Establishment Licensing Information

- **Application with required fee must be submitted at least 5 working days before the date of the event.**
- A Temporary Food Service Permit will not be issued without a prior inspection. A signed and dated inspection report by an authorized Buffalo County Health Department representative indicating the temporary facility meets all applicable codes is required before a permit to operate may be issued for the facility.
- The food handling regulations received with the application packet must be available at the site. They must also be read, understood and observed by all persons handling any food.
- The license must be posted conspicuously at the site.

Please contact me with any questions you may have related to this process.

Best,

Jamie Weaver, REHS
Environmental Health Specialist
Buffalo County

Buffalo County Health Department
407 South Second Street
P.O. Box 517
Alma WI 54610-0517



Telephone: (608) 685-4412
Fax: (608) 685-3342
Email: dhhs@co.buffalo.wi.us
www.buffalocounty.com/331/Public-Health

Buffalo County Health Department

Prevent. Promote. Protect.

License Application – Transient Retail Food Establishment conducting Food Processing

Wis. Stat. § 97.30

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

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: () -

CONTACT INFORMATION			
CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:
Out of State Operators – If known, list first Wisconsin city/county of operation:			

LICENSE FEES – Choose One Category:
<input type="checkbox"/> Transient Retail TCS (Final product does require temperature control) LICENSE FEE: \$170
TOTAL AMOUNT PAID:
<input type="checkbox"/> Transient Retail Non-TCS (Final product does not require temperature control) LICENSE FEE: \$75
TOTAL AMOUNT PAID:

List equipment to be used to cook and maintain **hot food above 135°F** and keep **cold food below 41°F**. Identify if used for storage, preparation or service.

Equipment list continued..

LIST ALL MENU ITEMS (including food, beverage, and condiments) You may also attach a copy of the menu

Will warm water, paper towel, & dispensable soap be conveniently located in the food preparation/service area for washing hands?

What facilities and procedure will be provided for washing utensils?

Identify source of water for food stand and method of discharging wastewater?

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: Buffalo County Health Department 407 S 2nd St. Alma, WI 54610

This institution is an equal opportunity employer