100 North Appleton Street Appleton, WI 54911-4799 920-8 Transient Food Service Licenses are						MENT LICENSI 20-832-6429 20-832-5853 are valid only in conjunction wi							NSI ATIC	E A DN th a		rent.		
Completed applications must be received by the Appleton Health Department <u>at least 14 days prior</u> to the event. Applications received less than 14 days prior to the event may be denied. Before completing this application, read the Food Safety Guidelines.																		
https://www.appleton.org/residents/health/environmental-health/food-safety/food-safety-for-food-establishments																		
Have you read this material?																		
Establishment Information											7:- 0 1							
Establishment Name				E	Establishment Addre					SS				Sity	Zip Code			
Establ	lishment C	onta	ct Pe	ersoi	n	E	Establishment Phone								Establishment Email			
Licens	see Informa	ation	: Ind	lividu	ial, I	Partr	nersl	hip, (or C	orpc	oratio	on to	hol	d thi	s lic	ense.		
	see Name				,		Billing Address									City / State Zip Code		
Licensee Contact Person/Agent					Li	Licensee Phone								L	icensee Email			
Licens	ses issued	Apri	il 1 st	– Ju	ine 3	30 th 1	will r	ema	in e	ffec	tive	until	Jun	ne 30) th O	f the following year.		
Event	Dates, Tin	ies, a	and	Loca	tion	s (Pl	eas	e att	ach	addi	ition	al da	ates,	time	es, a	and locations if needed	J.)	
Date				Time	e					Lc	ocati	on						
Date																		
Date Time				L				Lo	ocati	ation								
Date Time					Loca					tion								
List all	ist all food items, indicate how the food will be prepared, and indicate where the food will be prepared.							pared.										
Food Item Preparation Procedures (check all that apply) Location Prepared																		
							-		p				e	0		On-Site or Off-Site		
		Cook	Fry	Grill	Bake	Reheat	Hot Hold	Cool	Cold Hold	Mix	Cut	Slice	Assemble	Package	Other	If Off-Site provide Es Name and Address was prepared.		
		-																
		_																
		+																
		-																
Note: If your food preparation procedures cannot fit these charts, please list each step in preparing each menu																		
item on an attached sheet. <over></over>																		

Please describe:

Source and storage of water:

Storage and disposal of wastewater:

Storage and disposal of garbage:

<u>*Required:</u> Draw a sketch of the proposed temporary food booth on a separate sheet of paper and attach to this application. Draw in the location, and identify all equipment, including handwashing, dishwashing, grills, ranges, hot food holding facilities, refrigerators, worktables, food storage, single-service article storage, etc. Describe the construction and materials used for floor, wall, and ceiling surfaces:

Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

I certify that I am familiar with the Wisconsin Food Code governing sanitation in restaurants, and the abovedescribed establishment will be operated and maintained in accordance with applicable regulations.

Print Applicant Name/Title

Applicant's Signature

Date

Activity Code	License Description	Fee		
204	Inspection Fee: Transient/Mobile	78.00		
360	Transient Retail Food: Prepackaged	78.00		
361	Transient Retail Food: Processing N	130.00		
362	Transient Retail Food: Processing	187.00		
	Other:			
		Total Amount Due:		
Submit Applica Appleton Health 100 N. Appleto Appleton, WI 5	n Street	Make check or money order payable: City of Appleton Questions? Phone (920) 832.6429 Fax (920) 832.5853		

INSPECTOR / OFFICE USE							
Signature of Inspector	Date	License Start Date	Establishment # or New				
E-Record / Scan / Mailed Date	Amount Paid	Check # / Cash	Expires June 30 th YEAR 20				