



Please describe:
Source and storage of water:
Storage and disposal of wastewater:
Storage and disposal of garbage:
*Required: 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 above-described establishment will be operated and maintained in accordance with applicable regulations.

Print Applicant Name/Title	Applicant's Signature	Date
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Activity Code	License Description	Fee
204	Inspection Fee: Transient/Mobile	78.00
360	Transient Retail Food: Prepackaged	78.00
361	Transient Retail Food: Processing Non-TCS	130.00
362	Transient Retail Food: Processing TCS	187.00
	Other:	
	<b>Total Amount Due:</b>	
Submit Application and Fee to: Appleton Health Department 100 N. Appleton Street Appleton, WI 54911-4799		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 <sup>th</sup> YEAR 20 __ __