TRANSIENT FOOD SERVICE LICENSE APPLICATION



Submit application & payment to: **Appleton Health Department**Environmental Health

100 N Appleton Street

Appleton, WI 54911

p: 920.832.6429

www.appleton.org

EXPIRATION JUNE 30TH 2025

Trans	iont Food	Son	vico	Lic	once	20.2	ro v	alid	onl	v in	con	iun	ctio	n wi	th c	licancod Special Ev	ont	
Transient Food Service Licenses are valid only in conjunction with a licensed Special Event. Completed applications must be received by the Appleton Health Department at least 14 days prior 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.																		
Have you read this material?						□ Yes				□ No								
Establishment Information																		
Estab	ishment Na	ame				Establishment Add					dress					City	Zip Code	
Establishment Contact Person						Establishment Pho						one				Establishment Email		
		•													<u> </u>			
		tion:	Ind	IVIdu	ıal, F		Partnership, or Corpo Billing Address					ration to hold this						
Licens	see Name					В	iling	ires						City / State	Zip Code			
Licens	see Contact	· Par	eon	/Δας	nt	Li	cana	ا مو:	Phor	20					+	Licensee Email		
LICETIC	see Contact	. 1 61	3011	/Age	7111	Licensee Phone									-	Licensee Email		
Licenses issued April 1 st – June 30 th will remain effective until June 30 th of the following year.																		
Event Dates, Times, and Locations (Please attach additional dates, times, and locations if needed.)																		
Date		, -		Time		- (-					cati		,		,		,	
Date										cation								
Date			+	Time	9							ation						
Date Time					Lc					cation								
List all	food items	, ind	icate	e ho	w th	e foo	od w	ill be	e pre	epar	ed, a	and	indic	cate	whe	ere the food will be pre	pared.	
Food I		_		atior						•						Location Prepared		
				٦					Ψ					On-Site or Off-Site				
						at	plol		Hol				ηbl	age		If Off-Site provide E	stahlishment	
		Cook		λ III		Reheat	Hot Hold Cool		Cold Hold	Mix	Cut	Slice	Assemble	Package	Other	Name and Address where food item		
		Ŏ	Fry	G	Bake	Ŗ	Ĭ	Ŏ	Ċ	M	Ō	S	Ä	Pį	Ó	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.																		
<ovfr></ovfr>																		

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 Codes (the rules for the purpose of protecting public health and safety) and the above-described establishment will be operated and maintained in accordance with applicable regulations. https://docs.legis.wisconsin.gov/code/admin_code/atcp/055							
Print Applicant Name/Title Applicant's Signature	Date						
License Description	Fee						
Inspection Fee: Transient/Mobile	78.00						
Transient Retail Food: Prepackaged	78.00						
Transient Retail Food: Processing Non-TCS	130.00						
Transient Retail Food: Processing TCS	187.00						
Make check or money order payable: City of Appleton Total Amount Due:							

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