



Confirmation of Application Receipt	<input type="checkbox"/>
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**WOOD COUNTY  
HEALTH DEPARTMENT  
APPLICATION FOR  
TEMPORARY FOOD SERVICE  
TEMPORARY RESTAURANT PERMIT**

WOOD COUNTY PERMIT # 29-\_\_\_\_\_

In accordance with Wood County Ordinances 300 and 301, and Chapter 97 and 254 Wisconsin Statutes, I do hereby make application to the Wood County Health Departments for a temporary food service/restaurant operating permit for the dates indicated below. Permits are not transferable. **A separate permit is required for each temporary event, unless an annual license is purchased. License years run July 1-June 30.** Annual permits will be rescinded if applicable food safety codes are not met. A Wood County Temporary Food Service, Temporary Restaurant permit is required if you manufacture or prepare food for sale or offer food to the public. Per Wis. Administrative Code non-profit organizations may operate **3** days in a calendar year before a license is required. Proof of Nonprofit status is required.

Mail completed application to the **Wood County Health Dept. at 111 W Jackson Street, Wisconsin Rapids WI 54495** or Fax to (715) 421-8962.

Nonprofit Organization or Association (if applicable) \_\_\_\_\_

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_  
(List the individual, partnership, or corporation name and the agent)

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email \_\_\_\_\_

<b>Wood County License Fee</b> – Per event fee in license year for stands <u>only</u> operating in Wood County	\$ 80.00
<b>Wood County Annual License Fee</b> – Option for stands at multiple Wood County events in license year, or to operate in multiple counties within WI (State License)	\$170.00
<b>Inspection Fee</b> – Per event fee for stands with current license from another county in WI	\$ 35.00
<b>Non-Profit Organization</b> – First licensable event in license year (4 <sup>th</sup> day or more)	\$ 50.00

**Operating without a License Fee**

**Double License Fee**

**AMOUNT PAYABLE TO WOOD CO HEALTH DEPT.**

Total \$ \_\_\_\_\_

**NAME AND LOCATION OF EVENTS**

1. \_\_\_\_\_ **DATE** \_\_\_\_\_

2. \_\_\_\_\_ **DATE** \_\_\_\_\_

3. \_\_\_\_\_ **DATE** \_\_\_\_\_

1. Will all foods be prepared, (cut, mixed, cooked) at the temporary food service booth?  
**YES or NO** If No, Where will food preparation occur? \_\_\_\_\_

2. Menu: List all menu items.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. For each potentially hazardous food item prepared and served (i.e. meat, poultry, seafood, milk, eggs, etc.) indicate the source or manufacturer of these food supplies.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe:  
Source and storage of water:  
\_\_\_\_\_  
\_\_\_\_\_

Storage and disposal of wastewater: (**wastewater must be properly disposed of**)  
\_\_\_\_\_  
\_\_\_\_\_

Storage and disposal of garbage:  
\_\_\_\_\_

5. Temporary Food Booth:  
Describe the construction and materials used for floor, walls, and ceiling surfaces:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

**For any questions call the Wood County Health Dept. at (715) 421-8911 or (715) 387-8646. If you need a confirmation of application receipt, please add your email address or fax number.**