|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| LICENSE APPLICATION – MICRO MARKET | Wis. Stat. § 97.30 |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| LEGAL ENTITY INFORMATION | | | | | | |
| LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.): | | | | COUNTY: | | |
| LEGAL ENTITY MAILING ADDRESS: | | | CITY: | | STATE: | ZIP: |
| CONTACT PERSON: | TITLE: | PHONE NUMBER:  (     )     - | EMAIL ADDRESS: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| FEE AMOUNTS – Choose One | | | License Fee |
| One Micro Market in a Building | | | $45 |
| Two or More Micro Markets in a Building | | | $65 |
| 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.  If you have been operating without a license, you will be required to pay an operating without a license fee in addition to the license fee.  Licenses are not transferable between persons or locations. Licenses expire annually on June 30th; unless issued after April 1st, 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. | | | |
| SIGNATURE – APPLICANT: | DATE SIGNED: | AMOUNT ENCLOSED: | |

Please mail application and payment to: Oneida County Health Dept., 100 W. Keenan St, Rhinelander, WI 54501