



Public Health
Protect. Promote. Prevent.

CITY OF DE PERE HEALTH DEPARTMENT 335 S. Broadway St. De Pere, WI 54115-2593 ☎ 920-339-4054 📠 920-339-2745
Email:deperehealth@mail.de-pere.org

APPLICATION FOR TEMPORARY RESTAURANT/RETAIL

The permit application process shall be done at least 10 business prior to a special event. Permits applied for within 3 to 9 business days prior to a special event will be assessed the expedited process application fee. Permits applied for 3 business days or less prior to a special event will not be accepted. Within 10 business days after receiving a completed application, the department or its agent shall either approve/deny the permit application and issue /deny the permit. If the permit is denied, the department shall give the applicant reasons in writing for the denial.

Operators Name	Operators Mailing Address	City
State	Zip Code	Phone #
Email address		

List Events Planning to attend for the License Year	Date of Event
All temporary restaurant/retail licenses expire on June 30 th each year. (DHS 254.64(5))	

Menu: List all items. Any changes must be submitted and approved by this department at least 10 business days prior to the event:

List each restaurant type food item, and indicate which preparation procedure will occur in the space below:

Preparation Procedures (check all that apply)

Potentially Hazardous Food Items	Cook	Fry	Grill	Bake	Re-Heat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Purchased From (name of store)	Location Prepared

**Note: If your food preparation procedures cannot fit in these charts, please list all of the steps in preparing each menu item on an attached sheet.

Retail sales will consist of (check all that apply):

- Grocery Sales
- Ice-cream novelty product sales
- Beverage Sales
- Preparation of non-potentially hazardous food (ex: cotton candy, caramel apples, pastry items, roasted nuts, etc.)
- Preparation of potentially hazardous food (ex: cream puffs, nacho & cheese, pizza, etc.)

Before completing this permit application, read "Temporary Food Stands: Key Points"

How will the foods be held cold (at or below 41°F)?

How will be foods held hot (at or above 135°F)?

Will all foods be prepared at the temporary food service booth? If not, provide the following information:

(1) A copy of the agreement for use of another approved kitchen giving dates and times. (2) A copy of the establishment license or license ID number. (3) Establishment name and address where food is to be prepared.

Please describe:

(1) Source and storage of water (2) Storage and disposal of wastewater (3) Storage and disposal of garbage

How will employees wash their hands?

How will employee handle foods?

How will temperatures be monitored?

How will condiments be protected from contamination?

How will food contact surfaces (utensils/containers/counters) be cleaned and sanitized?

Fees: applicable fee category (Make checks payable to City of De Pere Health Department)

- Temporary Restaurant/Retail Permit (\$155.00) \$ _____ Inspection Fee (\$40.00)
- Current Mobile Restaurant State ID # _____ **(WI State license must be posted at event)**
- Exempt/Civic Groups (≤3 events/yr. =\$0)

Draw a sketch of the proposed temporary food booth. Draw in the location and identify all equipment including handwashing, dishwashing, ranges, grills, hot food holding facilities, refrigerators, worktables, food/single service storage, etc.

A. Describe the construction and materials used for floor, wall and ceiling surfaces:

B. 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 Temporary Food Service Requirements – as required in the Wisconsin Food Code and the described establishment will be operated and maintained in accordance with applicable regulations.

The permit must be posted in public view when the temporary restaurant/retail booth is in operation.

Applicant's Printed Name

Applicant's Signature

Date

THIS APPLICATION FEE IS NON REFUNDABLE.

(Office Use Only)

Application Date: _____ **Amount Paid:** \$ _____ CASH CHECK **Receipt #** _____
Date Permit Issued: _____ **License Year** _____