



Oak Creek Inspection Department
 8040 S 6th Street
 Oak Creek, WI 53154
 (414) 766-7000

RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION s. 97.30, Wis. Stats.

This form must be completed before a permit can be issued. Send the completed application and fee(s) in the form of check or money order payable to the **City of Oak Creek**. Incomplete applications cannot be processed. Type or print only. New establishments and remodel/modification applicants must include contact information for both the plan review and pre-inspection process.

Application is for: New Establishment Change in Ownership Remodel/Modification

*Individual **Partnership Limited Partnership (LP) Limited Liability Partnership (LLP) Cooperative
 Limited Liability Company (LLC) Corporation Other _____

*Requires completion of separate social security number form **Requires evidence of a formal legal agreement

COMPLETE SECTION BELOW:

Establishment Name	Establishment Operator (Manager) Email
Establishment Street Address, City, State & Zip Code	Establishment Telephone () -
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	Legal Licensee Email
Licensee Street Address, City, State & Zip Code	Legal Licensee Telephone () -
Name of Agent for the Corporation/Operator (if applicable)	Intended Date of Opening for Business (mm/dd/yyyy)
Name of Former Business	Name of Former Operator
Primary Contact Plan Review	Plan Review Phone Number

REASON FOR APPLICATION – Check one box below:

<input type="checkbox"/> Original First date of Operation: _____	<input type="checkbox"/> Amend License # _____ Reason and Date of Occurrence: _____	<input type="checkbox"/> Remodel License #: _____
---	--	--

Hours of Operation:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

BUSINESS DESCRIPTION – Check box A or B:

A. DOES NOT ENGAGE IN FOOD PROCESSING. Sells only prepackaged foods or beverages.

B. PROCESSING FOOD AT RETAIL – Complete questions 1 - 3.

1. Do you intend to process potentially hazardous foods*? YES NO

2. Annual dollar volume \$ _____ - Enter total gross retail food sales at this location during the last 12 months

3. Check all PROCESSING OPERATIONS (listed below) that this establishment will be conducting during the license year:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Cooking	<input type="checkbox"/> Ice Making	<input type="checkbox"/> Packing/Packaging	<input type="checkbox"/> Seafood Dept.
<input type="checkbox"/> Hot/Cold Beverages	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Limited Processor	<input type="checkbox"/> Popping Corn	<input type="checkbox"/> Shell Egg
<input type="checkbox"/> Bottling	<input type="checkbox"/> Freezing	<input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Produce Processing	<input type="checkbox"/> Smoking/Curing
<input type="checkbox"/> Catering	<input type="checkbox"/> Grinding	<input type="checkbox"/> Meat Distributor	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vacuum Packaging
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Ice Cream/Soft Serve	<input type="checkbox"/> Mixing	<input type="checkbox"/> Salvage	<input type="checkbox"/> Wild Game

Oak Creek Retail Food Establishment Fees 2019

Category	Retail Food Establishment Type	Fees			
		Plan Review - SPR		Pre-inspection SPI	Annual DAT
		New Construction	Remodel		
A	Food sales of at least \$1 million or more and processes potentially hazardous food*	\$625	\$375	\$600	\$1,000
B	Food sales \$25,000 - \$1 million and processes potentially hazardous food*	\$400	\$240	\$300	\$500
C	Food sales at least \$25,000 or more and DOES NOT process potentially hazardous food*	\$150	\$90	\$225	\$425
D	Food sales at least \$25,000, and processes only non-potentially hazardous food*	\$150	\$90	\$204	\$338
E	Food sales less than \$25,000 and engaged in food processing	\$89	\$53	\$120	\$200
F	Food sales less than \$25,000, no food processing, potentially hazardous food* offered for sale	\$81	\$49	\$90	\$150

License fee \$ _____

Additional fee(s) \$ _____

Total amount paid \$ _____

FIXED PERMANENT

MOBILE Enter unique mobile identification number: _____

PLEASE READ CAREFULLY BEFORE SIGNING:
SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE

DATE

*Potentially hazardous foods are products that require time/temperature control to limit the growth of pathogenic microorganisms or toxin formation.
01/2019