



**Hales Corners Health Department**  
 5635 S. New Berlin Road  
 Hales Corners, WI 53130  
 (414) 529-6155  
 (414) 529-6157 Fax

## RESTAURANT APPLICATION

PLEASE PRINT

License Year: July 1, 20\_\_ to June 30, 20\_\_

Establishment Name	
Establishment Address	Establishment Telephone ( )
Legal Licensee (name of sole proprietor, partnership, LLC, LLP, corporation)	Fax Number ( )
Legal Licensee Address, City, State & Zip Code	Legal Licensee Telephone ( )
Name of Agent for the Corporation/Operator (if applicable)	

Check appropriate category:	Annual Fee	Pre-Inspection Fee	Total Due	Check any that apply:
<input type="checkbox"/> Retail Food Serving Meals: Prepackaged	\$120	\$130	\$250	<input type="checkbox"/> Restaurant <input type="checkbox"/> Special Organization <input type="checkbox"/> Mobile Restaurant <input type="checkbox"/> Mobile Service Base <input type="checkbox"/> Caterer
<input type="checkbox"/> Retail Food Serving Meals: Simple	\$255	\$320	\$575	
<input type="checkbox"/> Retail Food Serving Meals: Moderate	\$365	\$470	\$835	
<input type="checkbox"/> Retail Food Serving Meals: Complex	\$595	\$770	\$1365	

I hereby certify that all of the information given above is true and correct, and agree to comply with all laws, ordinances and regulations affecting the above food establishment if a license is granted me.

Signature of Applicant	Title	Date
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**Person in Charge:**

Printed Name	Phone ( )
Email	Fax ( )

Office Use Only:

Health Dept.:  Approved  Disapproved

Chief of Police:  Approved  Disapproved

\_\_\_\_\_  
 HD Signature

\_\_\_\_\_  
 PD Signature