



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

RETAIL FOOD ESTABLISHMENT 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
<input type="checkbox"/> Retail Food-Not Serving Meals, Pre-Packaged	\$50	\$45	\$95
<input type="checkbox"/> Retail Food-Not Serving Meals, Simple, < \$25,000 w/PHF	\$70	\$100	\$170
<input type="checkbox"/> Retail Food-Not Serving Meals, Simple, < \$25,000 non PHF	\$70	\$100	\$170
<input type="checkbox"/> Retail Food-Not Serving Meals, moderate, <\$25,000 non PHF	\$210	\$150	\$360
<input type="checkbox"/> Retail Food-Not Serving Meals, moderate, >\$25,000 w/PHF	\$300	\$200	\$500
<input type="checkbox"/> Retail Food-Not Serving Meals, complex	\$760	\$445	\$1205
<input type="checkbox"/> Micro Market			
1/building	\$50	0	\$50
2 or more/building	\$75	0	\$75

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