



Hales Corners Health Department

5635 S. New Berlin Road

Hales Corners, WI 53130

(414) 529-6155

(414) 529-6157 Fax

RESTAURANT APPLICATION (Retail Food Serving Meals)

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	SAF	Total Due	Check any that apply:
<input type="checkbox"/> Retail Food Serving Meals: Prepackaged	\$120	\$130	\$15	\$250	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Retail Food Serving Meals: Simple	\$255	\$320	\$30	\$575	<input type="checkbox"/> Special Organization
<input type="checkbox"/> Retail Food Serving Meals: Moderate	\$365	\$470	\$40	\$835	<input type="checkbox"/> Mobile Restaurant
<input type="checkbox"/> Retail Food Serving Meals: Complex	\$595	\$770	\$60	\$1365	<input type="checkbox"/> Mobile Service Base
					<input type="checkbox"/> Caterer

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