



Hales Corners Health Department

5635 S. New Berlin Road

Hales Corners, WI 53130

PH: (414) 529-6155 F: (414) 529-6157

RETAIL FOOD ESTABLISHMENT APPLICATION (Retail Food Not 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
<input type="checkbox"/> Retail Food-Not Serving Meals, Pre-Packaged	\$50	\$45	\$5	\$100
<input type="checkbox"/> Retail Food-Not Serving Meals, Simple, < \$25,000 w/PHF	\$70	\$100	\$10	\$180
<input type="checkbox"/> Retail Food-Not Serving Meals, Simple, < \$25,000 non PHF	\$70	\$100	\$10	\$180
<input type="checkbox"/> Retail Food-Not Serving Meals, moderate, >\$25,000 non PHF	\$210	\$150	\$25	\$385
<input type="checkbox"/> Retail Food-Not Serving Meals, moderate, >\$25,000 w/PHF	\$300	\$200	\$30	\$530
<input type="checkbox"/> Retail Food-Not Serving Meals, complex	\$760	\$445	\$80	\$1285
<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