



Rusk County Health & Human Services-Public Health Department  
 Environmental Health Section  
 311 E Miner Avenue, Suite C220, Ladysmith, WI 54848  
 Phone: (715) 532-2299 Fax: (715) 532-2217

FOR HHS OFFICE USE ONLY	
___ 12 MONTH PERMIT	___ 15 MONTH PERMIT
LICENSE NO.	
DATE ISSUED	
FEE(S) PAID	

# RESTAURANT/RETAIL LICENSE APPLICATION

Wis. Stat. § 97.30

Please complete this form, detailing physical layout and operation of your facility. Once completed, please submit application and fee(s), check or money order, payable to RCHHS (Rusk County Health & Human Services) to the address listed at the top of the application. The Rusk County Public Health Sanitarian will contact you to schedule a licensing inspection.

ESTABLISHMENT NAME		ESTABLISHMENT PHONE: ( ) -		COUNTY (of establishment)	
ESTABLISHMENT STREET ADDRESS		CITY		STATE	ZIP
PRIMARY CONTACT NAME		PRIMARY CONTACT TELEPHONE ( ) -		TOWNSHIP (of establishment)	
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation	
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Other (please specify):		
LEGAL LICENSEE (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)		LEGAL LICENSEE TELEPHONE ( ) -		EMAIL ADDRESS	
LEGAL LICENSEE STREET ADDRESS		CITY		STATE	ZIP
NAME OF FORMER BUSINESS		NAME OF FORMER OPERATOR		INTENT DATE OF OPERATION	

## LICENSE INFORMATION

- NEW BUILDING CONSTRUCTION AND RESTAURANT LICENSE\*       CHANGE OF RESTAURANT OPERATOR WITH REMODEL\*  
 CHANGE OF RESTAURANT OPERATOR WITHOUT REMODEL       MODIFYING AN EXISTING BUILDING AS A RESTAURANT\*

\*If you are constructing a new facility or remodeling an existing facility a plan review is required. Plan review materials can be submitted to [kwalters@ruskcountywi.us](mailto:kwalters@ruskcountywi.us) or mailed with your application to the address above. Complete plans include: a detailed floor plan including equipment and plumbing fixtures, menu, equipment list and specification sheets, and floors, walls and ceilings material list. Please see reverse side of application for additional information.

## BUSINESS DESCRIPTION – Check box A or B for Type of Establishment

- A. TYPE OF ESTABLISHMENT:**  FIXED LOCATION (Permanent)       MOBILE – Enter unique mobile identification: Mobile # \_\_\_\_\_  
 **B. MICRO MARKET(S):**  YES     NO    If yes, how many Micro Market establishments at same location? \_\_\_\_\_  
 **C. DOES NOT ENGAGE IN FOOD PROCESSING.** Selling only prepackaged foods, which may include potentially hazardous foods (foods that require refrigeration or freezing for food safety).  
 **D. PROCESSING FOOD AT RETAIL** – Complete questions 1 – 3.  
 1. Do you intend to process potentially hazardous foods that must be time/temperature controlled for safety?  YES     NO  
 2. Annual dollar volume \$\_\_\_\_\_ Enter total gross retail food sales at this location during the last 12 months (if not operating that long, estimate sales for 12 mons).  
 3. Check all **PROCESSING OPERATIONS** (listed below) to be done or products to be processed at this establishment during the upcoming license year  
 Bakery       Cooking       Ice Making/Packing       Packing/Packaging       Salvaging  
 Hot/Cold Beverages       Delicatessen       Limited Processing       Popping Corn       Seafood  
 Bottling       Freezing       Meat Cutting       Produce Processing       Shell Eggs – Packing/Grading  
 Catering       Grinding       Meat Distribution       Restaurant       Wholesaling/Distributing  
 Confectionary       Ice Cream/Soft Serve       Mixing       Operation under a Variance (choose option(s)):  
     Smoking/Curing     Vacuum Packing     Wild Game     Other: \_\_\_\_\_

## RESTAURANT/RETAIL LICENSE FEES

- |   |   |
|---|---|
| <input type="checkbox"/> Prepackaged Off-Premise                          | \$ 235.00 (\$105.00 License fee + \$130.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – Simple*                           | \$ 550.00 (\$230.00 License fee + \$320.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – Moderate*                         | \$ 800.00 (\$330.00 License fee + \$470.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – Complex*                          | \$1310.00 (\$540.00 License fee + \$770.00 Preinspection fee) |
| <input type="checkbox"/> Additional Food Prep Area (within establishment) | \$ 80.00 (per additional food prep area)                      |
| <input type="checkbox"/> Retail Food Sales                                | See Fee schedule for permit fee categories                    |
| <input type="checkbox"/> Micro Market – 1 establishment                   | \$160.00 (\$60.00 License fee + \$100.00 Surcharge)           |
| <input type="checkbox"/> Micro Market – 2 or more establishments          | \$120.00 (\$40.00 License fee + \$80.00 Surcharge)            |

State of Wisconsin Restaurant Manager Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SEE PAGE 2 AND 3 FOR MORE DETAILS AND SIGNATURE**

If the facility is engaged in any other food operation (ex. food processing, retail food sales, or food warehouse storage), please contact a Licensing Specialist at the phone number provided on this application.

**\*To be determined by Sanitarian at time of inspection**

**TOTAL AMOUNT ENCLOSED:**     \$

**CHECK NUMBER:**

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with all applicable Wisconsin Administrative Code(s). Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m).

SIGNATURE - APPLICANT

DATE SIGNED

*This institution is an equal opportunity employer.*

Wis. Stat. § 97.67 (5) and 97.605 (1)(c) "No license may be issued until all applicable fees have been paid."

Wis. Stat. § 97.605 (1)(a) "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual license by the department or by a local health department that is granted agent status under s. 97.615 (2)."

Within **30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

Draw or attach a layout of the facility:

**OPERATION DETAILS**Do you offer a self-service food bar?  YES  NOWill you keep food in a steam table or warmer?  YES  NO

What is your seating capacity?

**HOURS OF OPERATION:**

- 
- MONDAY
- 
- FRIDAY
- 
- 
- TUESDAY
- 
- SATURDAY
- 
- 
- WEDNESDAY
- 
- SUNDAY
- 
- 
- THURSDAY

**SINKS****Handwashing Sink**

At least one handwashing sink is required. Handwashing sinks shall be conveniently located near food activity stations and dish cleaning areas and they cannot be blocked by doors or equipment. Typically, more than one handwash sink is required. All new faucets must be hands free.

**Utility/Service Sink**

At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.

**Food Preparation Sink**

A food prep sink is required when food items need cleaning or thawing by placing them in a sink below the flood rim. This requirement is for new facilities and when existing facilities change ownership.

**PLEASE INDICATE THE NUMBER OF EACH SINK TYPE BELOW:****HANDWASHING SINK****SERVICE SINK****FOOD PREPARATION SINK****UTENSIL AND WAREWASHING**

A facility needs the adequate capacity to store soiled utensils prior to washing and needs sufficient space to allow for air drying of the clean utensils. Equipment must be available to adequately wash, rinse and sanitize dishes and utensils; please indicate your method below.

- 
- THREE COMPARTMENT SINK WITH DRAIN BOARDS
- 
- 
- MECHANICAL DISHWASHER
- 
- 
- OTHER, EXPLAIN: \_\_\_\_\_

**COOLERS AND FREEZERS**

Please list the make, model and square foot capacity of your mechanical food storage equipment below. Residential coolers are not allowed and residential freezers are allowed only for storage of commercially frozen foods.

1.

2.

3.

4.

5.

6.

7.

8. \_\_\_\_\_

**FLOORS, WALLS AND CEILINGS**

Specify the type and color of finish material, i.e., fiberglass reinforced plastic panels, high gloss enamel paint, commercial vinyl floor tile, vinyl coated drop-in acoustical tile. All finishes in referenced area must be smooth, non-absorbent, and light colored.

KITCHEN	FLOOR	WALL	CEILING
FOOD PREPARATION AREA			
COOKING / COOKLINE			
WAREWASHING AREA			
FOOD STORAGE			
JANITOR CLOSET			
BAR / SERVICE COUNTER			
WALK-IN REFRIGERATORS AND FREEZERS			

**ADDITIONAL AREA INFORMATION**

Please indicate whether your facility has the designated areas listed below or the reason your establishment does not have them:

EMPLOYEE AREA:  YES  NO If no, please explain: \_\_\_\_\_DRY STORAGE AREA:  YES  NO If no, please explain: \_\_\_\_\_