



Oneida County Health Department
 100 W. Keenan Street, Rhinelander, WI 54501
 Phone: (715) 369-6111 Fax: (715) 369-6112
Oneidacountypublichealth.org

LICENSE APPLICATION – Transient / Temporary Retail Food Establishment

Wis. Stat. § 97.30

ESTABLISHMENT/DBA INFORMATION:			
ESTABLISHMENT NAME:		COUNTY:	
SERVICE BASE STREET ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:			ESTABLISHMENT PHONE: () -

LEGAL ENTITY INFORMATION			
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:
Out of State Operators – If known, list first Wisconsin city/county of operation:			

LICENSE AND INSPECTION FEES – Choose One:	
<input type="checkbox"/> Transient Retail - TCS (Final product DOES require temperature control) (*This category was previously known as a Temporary Restaurant)	LICENSE FEE: \$170
<input type="checkbox"/> Transient Retail - Non-TCS (Final product DOES NOT require temperature control)	LICENSE FEE: \$75
<input type="checkbox"/> Transient Retail - Pre-packaged food only (i.e. wrapped ice cream novelties)	LICENSE FEE: \$75
<input type="checkbox"/> Inspection Fee Only – Must have current WI Transient Retail – TCS license	INSPECTION FEE: \$75
<input type="checkbox"/> Inspection Fee Only – Must have current WI Transient Retail – non-TCS license	INSPECTION FEE: \$35
License or ID number: _____	County issuing license: _____
Total amount paid: _____	Check #: _____

Please read carefully before signing

Information requested on this application must be provided to obtain a retail food establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin Law. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. You are not licensed to operate until the department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application for the Retail Food Establishment license under Wis. Stat. § 97.30.

Within 30 days after receiving a complete application for a license, the department shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial.

SIGNATURE – APPLICANT: _____

DATE SIGNED: _____

Please mail application and payment to: Oneida County Health Dept., 100 W. Keenan St, Rhinelander, WI 54501