

CITY OF DE PERE HEALTH DEPARTMENT

335 S. Broadway St. De Pere, WI 54115-2593

🕾 920-339-4054 🖷 920-339-2745 Email: deperehealth@deperewi.gov

Wis. Stats. 97.30, WI Admin Code ATCP 75 and De Pere Municipal Ordinance Chapter 106

# application for transient retail food license

**Before completing this application, read the “Temporary Food Stand Brochure”**

Completed applications should be received (with all applicable fees) by the City of De Pere Health Department at least 1 week before the event.

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| **Name of Organization:** | | | | **Contact Person:** | | | |
| **Address:** | | | | **Address:** | | | |
| **City:** | **State:** | | **Zip:** | **City:** | **State:** | | **Zip:** |
| **Phone:** | | | | **Phone:**  **Email:** | | | |
| **Use this address for mailing permit** | | 🞏 | | **Use this address for mailing permit** | | 🞏 | |

**All Temporary Retail Food Licenses expire annually on June 30th.**

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| **Non- Profit Organizations Only** |
| Qualifying non-profit organizations under Wisconsin Administrative Code includes churches, service clubs and religious, youth, patriotic and civic organizations. A Temporary Retail Food License must be obtained when an organization operates for more than 3 days during a licensing year. Licensing year runs July 1st to June 30th. |

List the Events Planning to attend for the License Year

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| **Dates** | Event Name | Location of Event | Time |
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| **MENU: List all foods and beverages that will be served (please list or attach menu)** |
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| How will the foods be held cold (at or below 41°F)? |

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| How will the foods be held hot (at or above 135°F)? |

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| Will all foods be prepared at the temporary food service booth? 🞏 Yes 🞏 No  If No, then please indicate what other locations will be used to prepare foods. List: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No home prepared foods except limited bake sale items are allowed. Call with questions.  No home butchered meats or home canned/ home processed foods are allowed.  All foods must come from a commercial approved source or a licensed facility. |

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| How will employees wash their hands? |

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| How will employees handle foods? |

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| How will food temperatures be monitored? |

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| How will condiments be protected from contamination? |

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| How will food contact surfaces (utensils/containers/counters) be cleaned and sanitized? |

**Transient Retail Food License Fee:** $197.00 (non-refundable)

**Make checks payable to:** City of De Pere Health Department Phone: 920-339-4054

335 S. Broadway

De Pere, WI 54115

I certify that I am familiar with the Temporary Food Service Requirements – as required in the Wisconsin Food Code and the described establishment will be operated and maintained in accordance with applicable regulations.

**The License must be posted in public view when the temporary food stand is in operation.**

### Applicant’s Printed Name Applicant’s Signature Date

**THIS APPLICATION FEE IS NON-REFUNDABLE.**

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| **(Office Use Only)** Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: $\_\_\_\_\_\_\_\_\_\_ CASH CHECK Receipt # \_\_\_\_\_\_\_\_\_ **Date Permit Issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **License Year**\_\_\_\_\_\_\_\_\_\_\_\_ |

Revised 2-27-2025