



Public Health
Prevent. Promote. Protect.

De Pere Health Department

2025-2026 ESTABLISHMENT LICENSE APPLICATION



ESTABLISHMENT INFORMATION:

ESTABLISHMENT/DBA NAME:		ON-SITE CONTACT:	
ESTABLISHMENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE NUMBER: () -	
Choose One:	<input type="checkbox"/> Plan Review Required – New Construction or Remodel; <input type="checkbox"/> No Plan Review – Existing Facility		

LEGAL ENTITY INFORMATION – CHECK ONE

<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)	In what state is your entity registered?	
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):				COUNTY:
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE:	ZIP:
EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: () -		

FACILITY CONTACT INFORMATION

CONTACT PERSON:	TITLE:	PHONE NUMBER: () -	EMAIL ADDRESS:
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LICENSE TYPE AND FEE – Obtain fees from Page 2 fee schedule

Total Amount Enclosed: \$	Check Number:

Please read carefully before signing

In accordance with Chapter 106 of the De Pere Municipal Code, I the undersigned do hereby respectfully make application to the City of De Pere Health Department for a license. I hereby certify that I am familiar with the laws, ordinances, and regulations pertaining to the conditions of said establishment in the City of De Pere, and I hereby agree, if granted said license, to obey all provisions of said laws, ordinances, and regulations.

This License is Not Transferable. You **must** have a **valid** license before operating. All licenses expire June 30th annually. A **\$190.00 late fee** will be added to all renewal applications post marked after June 30th. Closure of non-current licensed establishments will occur July 20th with additional reopening fees added for any operator requiring the above action.

All food and recreation establishment inspection reports are available online at [De Pere Inspection Reports](#).

SIGNATURE – APPLICANT:

DATE SIGNED:

Please mail application and payment to:
City of De Pere Health Department
335 S. Broadway, De Pere, WI 54115

Office Use Only

Permit Issued _____

15 Month Rule _____

Total Fee Paid _____

De Pere Health Department Fee Schedule 2025-2026

Please Mark your inspection and license type with an “x” in the (X) column and pay corresponding fees

PRE-INSPECTION	(X)	FEE
Level 1- Prepackaged retail food, tourist rooming house, B&B, tavern		\$159.00
Level 2 – All other license types		\$317.00

Tavern/Bar	(X)	Fee
Tavern		\$139.00
Additional Tavern – Bar Area		\$39.00

Retail Food – Serving Meals (Restaurant, Catering, Mobile Restaurant)	(X)	Fee
Prepackaged Retail Food		\$147.00
Simple		\$522.00
Moderate		\$675.00
Complex		\$833.00

Retail Food – Serving Meals w/ Tavern	(X)	Fee
Prepackaged Retail Food		\$286.00
Simple		\$660.00
Moderate		\$814.00
Complex		\$971.00

Retail Food – Not Serving Meals	(X)	Fee
Prepackaged (TCS)		\$150.00
Simple (final product non-TCS)		\$233.00
Simple (final product TCS)		\$501.00
Moderate		\$735.00
Complex		\$1357.00

Schools	(X)	Fee
Limited Service (Satellite)		\$217.00
Full Service (Production Kitchen)		\$308.00

Micro Markets	(X)	Fee
Micro Market - 1 location		\$45.00
Micro Market - 2+ locations (same address)		\$67.00

Temporary Retail Food (Transient)	(X)	Fee
Temporary Retail Food License (transient)		\$197.00
Non-TCS Food		\$98.00
Prepackaged TCS Food only		\$58.00

Other Fees	(X)	Fee
Temporary Retail Inspection Fee		\$51.00
Operating Without a License/Late Fee		\$190.00
Operating Without a Certified Food Protection Manager		\$176.00

Swimming Pools	(X)	Fee
Simple Pool		\$245.00
Simple Pool w/ Features		\$405.00
Moderate Pool		\$366.00
Moderate Pool w/ Features		\$529.00
Complex Pool		\$459.00
Complex Pool w/ Features		\$620.00
Annual Outdoor Pool Sampling Fee		\$88.00
Annual Indoor Pool Sampling Fee		\$106.00

Lodging	(X)	Fee
Tourist Rooming House (TRH) or Short-Term Rental		\$135.00
Bed & Breakfast		\$165.00
Hotel/Motel 5-30 Rooms		\$355.00
Hotel/Motel 31-99 Rooms		\$506.00
Hotel/Motel 100-199 Rooms		\$626.00
Hotel/Motel 200+ Rooms		\$733.00

Campgrounds	(X)	Fee
1-25 Sites		\$226.00
26-50 Sites		\$277.00
51-100 Sites		\$316.00
101-199 Sites		\$364.00
200+ Sites		\$408.00

Tattoo/Body Piercing Establishments	(X)	Fee
Tattoo Establishment		\$225.00
Body Piercing Establishment		\$225.00
Combined Tattoo/Body Piercing Estab.		\$331.00
Temporary Tattoo Establishment		\$147.00
Temporary Body Piercing Establishment		\$147.00
Temporary Combined Tattoo/Body Piercing		\$212.00

Recreational & Educational Camps	(X)	Fee
Simple		\$600.00
Simple w/ Hospitality		\$660.00
Moderate		\$653.00
Moderate w/ Hospitality		\$777.00
Complex		\$697.00
Complex w/ Hospitality		\$875.00

TOTAL: _____