



Fond du Lac County Health Department

160 S. Macy St, Fond du Lac, WI 54935

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Public Health
Prevent. Promote. Protect.

Fond du Lac County
Health Department

FOR CENTRAL OFFICE USE ONLY		
Conditional: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>	
Permit: HOLD <input type="checkbox"/>	RELEASE <input type="checkbox"/>	
PERMIT DATE ISSUED: _____		
CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>	CREDIT <input type="checkbox"/>
FEE(S) PAID: AMOUNT _____		
DEPOSITED: _____		
In Health Space: _____		

RESTAURANT & RETAIL FOOD LICENSE APPLICATION

Wis Stat Ch. 97, 254.61, WI Admin Code ATCP 75

Your facility may NOT begin operations or sell, prepare, or store food until your business has been inspected and the license is released.

Please complete this form, submit a physical layout and menu for your facility. Notify the Health Department of plans to operate at least 30 days prior to planned operational date.

ESTABLISHMENT NAME	CONTACT PERSON	ESTABLISHMENT PHONE: () -	
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP
LEGAL LICENSEE (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)		LEGAL LICENSEE PHONE: () -	
LEGAL LICENSEE STREET ADDRESS	CITY	STATE	ZIP
E-MAIL ADDRESS	INTENDED 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*

Water: Public Private

RESTAURANT LICENSE FEES ATCP 75***

- | | |
|--|---|
| <input type="checkbox"/> Tavern (Beverage Only) | \$ 267.00 (\$152.00 License fee + \$115.00 Preinspection fee) |
| <input type="checkbox"/> Prepackaged | \$ 316.00 (\$186.00 License fee + \$130.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – Low Complexity* | \$ 687.00 (\$367.00 License fee + \$320.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – Moderate Complexity* | \$ 924.00 (\$454.00 License fee + \$470.00 Preinspection fee) |
| <input type="checkbox"/> Full-Service – High Complexity* | \$1337.00 (\$567.00 License fee + \$770.00 Preinspection fee) |
| <input type="checkbox"/> Additional Kitchen (within establishment) | \$120.00 |

*To be determined by Sanitarian at time of inspection

*Requires Certified Food Manager

Certified Food Manager Name: _____ Certified Course ID #: _____ Expiration Date: _____

RETAIL FOOD ATCP 75 & Appendix ***

- | | |
|---|---|
| <input type="checkbox"/> Food Sales \$1 million (70-11)* | \$1906.00 (\$1136.00 License Fee + \$770.00 Pre-Inspection Fee) |
| <input type="checkbox"/> Food Sale >\$25,000 minimum (70-22)* | \$1019.00 (\$474.00 License Fee + \$545.00 Pre-Inspection Fee) |
| <input type="checkbox"/> Food Sale \$25,000 (70-33)* | \$ 650.00 (\$330.00 License Fee + \$320.00 Pre-inspection Fee) |
| <input type="checkbox"/> Food Sale <\$25,000 & engaged in food processing (70-44) | \$ 387.00 (\$162.00 License Fee + \$225.00 Pre-inspection Fee) |
| <input type="checkbox"/> Not engaged in food processing (70-55) | \$ 265.00 (135.00 License Fee + \$130.00 Pre-inspection Fee) |

MICROMARKETS ATCP 75 & Appendix***

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Micromarket | \$44.00 (no Pre-Inspection fee) |
| <input type="checkbox"/> Micromarkets (2 or more one location) | \$66.00 (no Pre-Inspection fee) |

Total Amount Enclosed: \$ _____

I consent to entry on the premises by the Fond du Lac County Health Department personnel for purposes of inspection at all reasonable hours.

*** To obtain a copy of the code that covers your permit search online for the code listed above for which you are applying for. Licenses are NOT transferable. All licenses expire on June 30th annually.

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)."

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
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