

MANITOWOC COUNTY HEALTH DEPARTMENT
1028 S 9TH STREET
MANITOWOC, WI 54220
(920) 683-4155

HEALTH DEPARTMENT APPLICATION FOR YEAR 2016-2017

JULY 1, 2016 THROUGH JUNE 30, 2017

FOR OFFICE USE ONLY

Change Reported?

License Sent:

Release Date:

ID Number:

Year:

Was:

Copy to:
Sent:

Check: NEW _____ REINSTATE _____ CHANGE OF OPERATOR _____ 15 Month _____

Type of Establishment: Retail Food _____ Restaurant _____ Other _____ Fixed _____ Mobile _____

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS _____
STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ESTABLISHMENT PHONE (_____) _____
AREA CODE _____

SEASON: YEARLY _____ SUMMER _____ WINTER _____
WATER: PRIVATE _____ PUBLIC _____
SEWER: PRIVATE _____ PUBLIC _____

IF APPLICABLE:

_____ CERTIFIED FOOD MANAGER'S NAME _____ FOOD MANAGER'S ID NUMBER _____ EXPIRATION DATE _____

OWNER NAME (INC/CORP) _____

AGENT (IF CORPORATION) _____

MAILING ADDRESS _____
STREET ADDRESS / PO BOX _____

CITY _____ STATE _____ ZIP CODE _____

OWNER PHONE (_____) _____
AREA CODE _____

E mail address _____

CONTACT PERSON _____

CONTACT PHONE (_____) _____
AREA CODE _____

E mail address _____

TENTATIVE STARTING DATE _____ TOTAL ENCLOSED \$ _____
(FROM REVERSE SIDE)

PLEASE MAKE CHECK PAYABLE TO: MANITOWOC COUNTY HEALTH DEPARTMENT OR MCHD

I CONSENT TO ENTRY ON THE PREMISES BY MANITOWOC COUNTY HEALTH DEPARTMENT PERSONNEL FOR PURPOSES OF INSPECTION AT ALL REASONABLE HOURS.

SIGNATURE OF OWNER / AGENT _____

(IF A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF A CORPORATION, THE NAME OF THE CORPORATION MUST BE ENTERED FOLLOWED BY THE SIGNATURE OF THE INDIVIDUAL RESPONSIBLE FOR THE OPERATION OF THE ESTABLISHMENT.)

DATE _____

MCHD LICENSE FEE SCHEDULE
07/01/2016-06/30/2017

Operating without a License _____ \$275

FOOD SERVICE:	<u>Class</u>	<u>Simple</u>	<u>Moderate</u>	<u>Complex</u>		
____ Annual Sales <\$30,000	D	\$258	\$368	\$459	____ Pre Inspection-Change of Operator	\$225
____ Annual Sales \$30,000-\$300,000	C	\$313	\$448	\$504	____ Pre Inspection-Limited	\$100
____ Annual Sales \$300,000-\$600,000	B		\$473	\$559	____ Pre Sale Inspection	\$125
____ Annual Sales >\$600,000	A		\$518	\$609	____ Plan Review	\$180
____ Pre Inspection-New/Extensive Remodeling		\$250	\$290	\$320	____ Additional Food Prep Area within establishment	\$100
					____ Limited Service (pre-packaged)	\$136

***CAMPGROUND & RECREATIONAL EDUCATIONAL CAMP**

____ Campground (1-25 sites)	\$248	# of sites: _____	Pre Inspection Campground	\$200
____ Campground (26-50 sites)	\$283	# of sites: _____		
____ Campground (51-100 sites)	\$341	# of sites: _____	Pre Inspection Rec Ed Camp	\$265
____ Campground (101-200 sites)	\$376	# of sites: _____	Do you have food service for patrons? ____ Yes ____ No ____ Retail ____ Restaurant	
____ Campground (over 200 sites)	\$416	# of sites: _____		
____ Rec/Ed Camp	\$431	→ Total Capacity of Camp (in number of persons accommodated at one time) _____		

*Layout and plan must be submitted with application for new and remodeled camps.

***SWIMMING POOL**

____ Swimming Pool – 1 st Indoor	\$300	# of indoor pools _____	Pre Inspection Pool	\$175
____ Swimming Pool – 1 st Outdoor	\$245	# of outdoor pools _____		
____ Swimming Pool each additional in/ outdoor	\$245			
____ Slides/Water Attraction	\$245			

Type of pool-*indicate the number of each type of pool on property:* ____ Swimming ____ Slide ____ Combination ____ Wading ____ Whirlpool ____ Wave ____ Other

*Department of Commerce plan approval required for new/altered/modified pools.

LODGING

____ Tourist Rooming House (1-4 rooms)	\$146	# of sleeping rooms: _____	Pre Inspection New or Extensive Remodeling	\$250
____ Bed & Breakfast (8 rooms or less)	\$151	# of sleeping rooms: _____	Pre Inspection-Change of Operator	\$225
____ Hotel/Motel (5-30 rooms)	\$251	# of sleeping rooms: _____	Pre Inspection Tourist Room House	\$100
____ Hotel/Motel (31-99 rooms)	\$348	# of sleeping rooms: _____	Pre Inspection Bed & Breakfast	\$135
____ Hotel/Motel (100-199 rooms)	\$476	# of sleeping rooms: _____	Pre Sale Inspection	\$125
____ Hotel/Motel (200 or more rooms)	\$519	# of sleeping rooms: _____		

If a lodging facility, do you have food service for tourists, transients or guests on your premises? ____ Yes ____ No

TATTOO/BODY PIERCING Operator's License Number: _____

____ Tattoo OR Body Piercing (circle)	\$199	____ Temporary Tattoo	\$85.00
____ Combined Tattoo & Body Piercing	\$287	____ Temporary Piercing	\$85.00
____ Pre Inspection Tattoo and/or Body Piercing	\$130	____ Temporary Combined	\$90.00

RETAIL FOOD CATEGORY	DESCRIPTION	2016-2017 License Fee	Pre-Inspection Fee	Re-inspection Fee
AG-55	No Food Processing	\$64.50	\$35.00	\$90.00
AG-44	<\$25,000 Very Small Non-Potentially or Potentially Hazardous Food	\$81.00	\$35.00	\$90.00
AG-33	>\$25,000 Large Non-Potentially Hazardous Food	\$244.00	\$100.00	\$190.00
AG-22	≥\$25,000, but less than \$1,000,000 Small Potentially Hazardous Food	\$336.50	\$150.00	\$190.00
AG-11	>\$1,000,000 Large Potentially Hazardous Food	\$868.50	\$350.00	\$450.00

A. DOES NOT ENGAGE IN FOOD PROCESSING. Sells only prepackaged, potentially hazardous foods. (foods that require cooling or freezing).

B. PROCESSING FOOD AT RETAIL – Complete questions 1 - 3.

1. Do you intend to process potentially hazardous foods? YES NO

2. Annual dollar volume \$ _____ (Enter total gross retail food sales at this location during the last 12 months, or estimate sales for 12 months)

3. Check all PROCESSING OPERATIONS (listed below) that this establishment will be conducting during the coming license year:

<input type="checkbox"/> Bakery	<input type="checkbox"/> Cooking	<input type="checkbox"/> Ice Making	<input type="checkbox"/> Packing/Packaging	<input type="checkbox"/> Seafood Dept.
<input type="checkbox"/> Hot/Cold Beverages	<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Limited Processor	<input type="checkbox"/> Popping Corn	<input type="checkbox"/> Shell Egg
<input type="checkbox"/> Bottling	<input type="checkbox"/> Freezing	<input type="checkbox"/> Meat Cutting	<input type="checkbox"/> Produce Processing	<input type="checkbox"/> Smoking/Curing
<input type="checkbox"/> Catering	<input type="checkbox"/> Grinding	<input type="checkbox"/> Meat Distributor	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Vacuum Packaging
<input type="checkbox"/> Confectionary	<input type="checkbox"/> Ice Cream/Soft Serve	<input type="checkbox"/> Mixing	<input type="checkbox"/> Salvage	<input type="checkbox"/> Wild Game

Your facility may not begin operations or sell, prepare or store food until your business has been inspected and the license released. Contact Public Health Sanitarian at (920) 683-4155 between 8:30 A.M. - 4:30 P.M. to arrange inspection of your premises and release of your license.