



Confirmation of Application Receipt	<input type="checkbox"/>
-------------------------------------	--------------------------

**JUNEAU COUNTY
HEALTH DEPARTMENT
APPLICATION FOR
TEMPORARY FOOD SERVICE
TEMPORARY RESTAURANT PERMIT**

JUNEAU COUNTY PERMIT # 29-_____

In accordance with Juneau County Public Health Ordinance #11B and Public Food Safety Ordinance #11A, I do hereby make application to Juneau County Health Department for a temporary food service/restaurant operating permit for the dates indicated below. Inspection and licensing services are being provided by Wood County Health Department. Permits are not transferable. **A separate permit is required for each temporary event, unless an annual license is purchased. License years run July 1-June 30.** Annual permits will be rescinded if applicable food safety codes are not met. A Juneau County Temporary Food Service, Temporary Restaurant permit is required if you manufacture or prepare food for sale or offer food to the public. Per Wis. Administrative Code non-profit organizations may operate **3** days in a calendar year before a license is required. Proof of Nonprofit status is required.

Mail completed application to the **Wood County Health Dept. at 111 W Jackson Street, Wisconsin Rapids WI 54495** or Fax to (715) 421-8962.

Nonprofit Organization or Association _____

Establishment Name _____

Establishment Address _____ City _____ Zip _____

Owner Name _____
(List the individual, partnership, or corporation name and the agent)

Owner Address _____ City _____ Zip _____

Phone: _____ Fax/Email _____

Annual Temporary License Fee – May operate at any temp event held in Juneau County during license year (July 1-June 30)	\$170.00
Inspection Fee – Per event fee for stands that currently hold annual license from another county in WI	\$ 35.00
Non-Profit Organization – First licensable event in license year (4 th day or more)	\$ 50.00

Operating without a License Fee **Double License Fee**

AMOUNT PAYABLE TO WOOD CO HEALTH DEPT. Total \$ _____

NAME AND LOCATION OF EVENTS

1. _____ **DATE** _____

2. _____ **DATE** _____

3. _____ **DATE** _____

1. Will all foods be prepared, (cut, mixed, cooked) at the temporary food service booth?
YES or NO If No, Where will food preparation occur? _____

2. Menu: List all menu items.

3. For each potentially hazardous food item prepared and served (i.e. meat, poultry, seafood, milk, eggs, etc.) indicate the source or manufacturer of these food supplies.

4. Please describe:
Source and storage of water:

Storage and disposal of wastewater: (**wastewater must be properly disposed of**)

Storage and disposal of garbage:

5. Temporary Food Booth:
Describe the construction and materials used for floor, walls, and ceiling surfaces:

Signature _____

For any questions call the Wood County Health Dept. at (715) 421-8911 or (715) 387-8646. If you need a confirmation of application receipt, please add your email address or fax number.