



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

Confirmation of Application Receipt	<input type="checkbox"/>
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WOOD COUNTY PERMIT # 29-\_\_\_\_\_

In accordance with Wood County Ordinances 300 and 301, and Chapter 97 and 254 Wisconsin Statutes, I do hereby make application to the Wood County Health Department for a temporary food service/restaurant operating permit for the dates indicated below. Permits are not transferable. **A separate permit is required for each temporary event, unless an annual license is purchased.** Annual permits will be rescinded if applicable food safety codes are not met. A Wood 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. This requires a 501 (c) 3 number which is not the same as a tax exempt number.

Mail completed application to the **Wood County Health Dept. at P.O. BOX 8080, Wisconsin Rapids WI 54495** or Fax to (715) 421-8962.

If non-profit, provide a **501 (c) 3** number. \_\_\_\_\_

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_

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

Owner Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email \_\_\_\_\_

<b>Temporary Restaurant – Wood County License - initial event in calendar year</b>	\$ 80.00
(subsequent event fee)	\$ 35.00

**Temporary Restaurant -Non-Profit Organization - first licensed event in calendar year** \$ 50.00

**DATCP Inspection Fee – State License inspection fee** \$ 35.00

**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.**