

WINNEBAGO COUNTY





97.30, 254.61, Wis. Stats; WI ADMIN CODE ATCP 75; WINNEBAGO COUNTY ORDINANCE 11.11

2023/2024 APPLICATION FOR TRANSIENT RETAIL FOOD ESTABLISHMENT

Before completing this application, read Temporary Food Service Guidelines.

Do you have a current state license or do you plan to operate in multiple jurisdictions? IF YES, PLEASE CONTACT US PRIOR TO FILLING OUT THIS FORM.

APPLICANT INFORMATION

Person in Charge of Food - Phone:

Completed applications should be received (with all applicable fees) by the Winnebago County Health Department at least 1 week before the event. Late fees may apply if not received one week prior to event. Please print neatly.

ORGANIZATION INFORMATION

Person in Charge of Food - Name:

Name of Organization:			Applicant Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	l .	I	Phone:	l .	1
			Email:		

Non- Profit Organizations Only

Qualifying non-profit organizations under Wisconsin Administrative Code includes churches, service clubs and religious, youth, patriotic and civic organizations. A Transient Retail Food Establishment must be obtained when an organization operates for more than 3 days during a licensing year. Licensing year runs July 1st to June 30th.

Check One	FOR PROFIT PERMIT	Fee	Check One	NON-PROFIT PERMIT	Fee
	Transient Retail – TCS (hot and cold food, egg rolls, hot dogs, hamburgers, pizza, dip/soft serve ice cream, etc.)	\$190.00		Transient Retail – TCS (More than 3 days –hot and cold food, hot dogs, hamburgers, brats, pizza, egg rolls, dip/soft serve ice cream etc.)	\$102.00
	Transient Retail – NON TCS/ Prepackaged TCS (cotton candy, popcorn, kettle corn, prepackaged ice cream, etc.)	\$99.00		1-3 Days – NO PERMIT NEEDED	\$0.00
	Internal use only - Temporary Inspection Fee (if inspected by WCHD and operator has a current license from the state or other Health Dept)	\$60.00		TCS = time/temperature controlled for safety previously potentially hazardous foods (PHF)	

Make Check Payable To: Winnebago County Health Department

Submit To:Winnebago County Health Departmentwww.winnebagocountywi.gov112 Otter Ave, PO Box 2808health@winnebagocountywi.gov

Oshkosh, WI 54903-2808 Phone: 920-232-3000 Fax: 920-232-3370

Date	Time	Event Name	Event Location

Food Preparation Information:

Food	Source (home pr	epared foods a		ed food must	come from licensed facility):	
□ Res	staurant Reta	il Grocery	□ Wholesaler	□ Other, S	Specify	
Food	Preparation Site	(All food mus	t he nrenare	l at a commer	cial kitchen or on-site at event.)	
1 000	11 cpurumon site		□ On-site		f-site and on-site	
	te prep kitchen nar					
Food	l Transport Meth		ted Truck	□ Cambro	□ Other	
	□ ice chest	□ Remgera	icu Truck	□ Camoro		
Menu	u Information/Fo	od for Sale:				
Cook	sing Equipment:					
COOR		ill □ Smoker	□ Fryer □	Flat Top □ P	ropane Cooker Other	
Hot l	Food Holding Equ				1	
					Other – please describe	
Cold	Food Holding (C				- NI/A	
Food	Stand Requirem		igerator \Box	Coolers with ic	ce UN/A	
1000	Suna Requirem	city.				
Hand	Washing Facilitie					
	* *5-gallon food gracetch wastewater	ade container with	spigot that lock	s in the open posi	ition for a continuous flow of water and a bucket	et to
□ Dis		li tissue, tongs,	etc. (bare har	nds are not allo	owed to touch ready-to-eat food)	
□ The	ermometers - meta		*		eeding temperature control)	
□ Dis	shwashing					
			-		o be replaced every 4 hours or dish	
	•		-		washed, rinsed and sanitized. – dish washing in 3 tubs of adequate siz	70
		•			– dish washing in 3 tubs of adequate siz sed and sanitized.	Ze
□ Sar	nitizer solution (ble				sed and sammazed.	
		-	_	on of water or	1 oz bleach/4 gallons of water	
	200 ppm Quat =			1.6. 1		
	-			-	etion including condiments.	
	oring – concrete/ascess to restroom fa	_	nips and grav	er set up is no	t anowed.	
				C. I.		0((;
					opeal any written orders of the Winnebago County Health (ses where the Appellant has a right to a state administrativ	
appeal he	earing.					
					lines – as required in the Wisconsin Food Cod	de and
the des	cribed establishment	will be operated a	and maintained	in accordance w	ith applicable regulations.	
Signatur	ra		Printed Na	uma	 Date	
Signatu	10		rimted Na	unc	Date	
			For Offi	ce Use Only		

Date:__

Amount Paid:_

_ Permit Issued:__