

WINNEBAGO COUNTY





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

2024/2025 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.

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 INFOR	EMATIO	N	APPLICANT INFORMATION			
Name of Organization:			Applicant Name:			
Address:			Address:			
City:	State:	Zip:	City:	State:	Zip:	
Phone:			Phone:			
			Email:			
Person in Charge of Food - Name:			Person in Charge of Food - Phone:	_		

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.

tiluii 5	than 3 days during a neclising year. Electising year runs fury 1 to June 30.						
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.)	\$198.00		Transient Retail – TCS (More than 3 days –hot and cold food, hot dogs, hamburgers, brats, pizza, egg rolls, dip/soft serve ice cream etc.)	\$106.00		
	Transient Retail – NON TCS/ Prepackaged TCS (cotton candy, popcorn, kettle corn, prepackaged ice cream, etc.)	\$113.00		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)	\$63.00		TCS = time/temperature controlled for safety previously potentially hazardous foods (PHF)			

Make Check Payable To: Winnebago County Health Department

Submit To: Winnebago County Health Department www.winnebagocountywi.gov
112 Otter Ave, 2nd Floor health@winnebagocountywi.gov

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

Date	Time	Event Name	Event Location

Food Preparation Information:

Food Sour	ce (home pre	pared foods a		d food must	come from licensed facility):	
□ Restaurar			Wholesaler	□ Other, S	•	
Food Prepa	aration Site (.				cial kitchen or on-site at event.)
		□ Off-site	□ On-site		f-site and on-site	
Offsite prer	kitchen name	e/address·				
	sport Metho					
	☐ Ice Chest	□ Refrigerat	ed Truck	□ Cambro	□ Other	
Menu Info	rmation/Food	d for Sale:				
<u> </u>	• .					
Cooking E		1 = C1	- E I	Hat Tan - D	transpa Caalvar = Other	
Hot Food I		pment (Hot h			ropane Cooker □ Other	
110t Food 1	Nes	•			Other – please describe	
Cold Food		ld hold food a			greater prease describe	
	8 \			Coolers with ic	ce □ N/A	
Food Stand	l Requireme	nts:				
5. catch Disposab Thermom Dishwash Sanitizer 100 200 Overhead Flooring Access to Pursuant to the Ge and all decisions of appeal hearing.	n wastewater le gloves, deli neters - metal- ning One day for washing in More than or 3 compa solution (blea ppm chlorine ppm Quat = r l protection (to concrete/asp restroom fact neral Code of Winner the Health Departm	tissue, tongs, stem & refriger ood service - se a 3 tubs of ader one day food artment sink. It is the water or que = ½ capful of mix as directed ent or canopy in the transient R	etc. (bare han eration (requirerving utensil quate size. Deservice or ons Dishes must be aternary ammeleach/1 galled on label on label foutdoors) are hips and grave sconsin Administrationit-issuing authorite	ds are not allowed for foods not seed for foods not seed for foods not seed for foods not seed food prepare washed, ring nonia) on of water or and food protected set up is not seed set up is not seed food protected food protected set up is not seed food protected food protected food protected food protected food protected food food protected food food protected food protected food food food food food food food fo	ry Station ition for a continuous flow of water and owed to touch ready-to-eat food) needing temperature control) to be replaced every 4 hours or distracted, and sanitized. — dish washing in 3 tubs of adequised, and sanitized. 1 oz bleach/4 gallons of water etion including condiments. t allowed. I oz bleach/4 gallons of water etion including condiments. The peal any written orders of the Winnebago Count is sess where the Appellant has a right to a state address of the Wisconsin Footballines — as required in the Wisconsin Footballines — as	sh nate size y Health Officer ninistrative
			Printed Na			
Signature			Printed Na	e	Date	
			For Office	e Use Only		

Date: __

Amount Paid: _

_ Permit Issued: ___