## **Wauwatosa Health Department**

For office use only:  $\Box$  Approve  $\Box$  Deny

7725 W. North Ave. Wauwatosa, WI 53213 Phone: 414-479-8939



## **Retail Application**

Reason for application: New Change of Operator Other:	Application Date:				
Name:  Address:  City: State: Zip:  Phone number: Cell number:  Email address:  Emergency contact name: Emergency contact number:  Corporate/Owner Information  Name:  Address:  City: State: Zip:  Phone number: Zip:  Phone number: Cell number:  Emergency contact number:  Corporate/Owner Information  Name:  Address:  City: State: Zip:  Phone number: Cell number:  Email address:  License Types. Please check the description that applies. Refer to fee schedule for license fees.  Section A  O.25 Points Establishment has an annual gross food sale receipts less than \$25,000 but not more than \$1,000,000  1 point Establishment has an annual gross food sale receipts of more than \$1,000,000 but not more than \$5,000,000  2 points Establishment has an annual gross food sales receipts of more than \$5,000,000 but not more than \$15,000,000  2 points Establishment has an annual gross food sales receipts of more than \$5,000,000 but not more than \$15,000,000  2 points Establishment has an annual gross food sales receipts of more than \$5,000,000 but not more than \$15,000,000  2 points Establishment has an annual gross food sales receipts of more than \$15,000,000  3 Points Establishment has an annual gross food sales receipts of more than \$15,000,000  4 Points Establishment has an annual gross food sales receipts of more than \$15,000,000  5 Points Establishment has an annual gross food sales receipts of more than \$15,000,000	Reason for application: ☐ New ☐ Change of Operato	r 🗆 Other:			
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Section B  Decimon B	·				
□ <b>0 Points</b> - An establishment only sells pre-packaged food or meal items, regardless if the food items are time/temperature					
controlled for safety.					
TABLE FULLS AND					
☐ 1 Point- Establishment has a self-service salad bar or food bar, not including a condiment bar					
☐ 1 Point- Establishment processes fresh or frozen raw poultry, meat, eggs or seafood.					
<ul> <li>☐ 1 Point- Establishment operates using a variance or HACCP plan</li> <li>☐ 1 Point- Establishment operates using a Bare Hand Contact or Time as Public Health Control Plan</li> </ul>					
☐ <b>1 Point-</b> Establishment offers catering or pre-ordered meal in bulk quantity for events					
☐ 1 Point- Establishment cold holds, hot holds, or reheats time/temperature for safety foods					
☐ <b>1 Point</b> - Establishment does cooling of cooked or reheated time/temperature for food safety.					
☐ <b>1 Point</b> - Establishment prepares TCS food at their location and then transports it to be sold, under the wholesale	_	•	•		
exemptions for retail food establishments					
☐ <b>1 Point-</b> Establishment serves or sells food that requires food-processing activities including chopping, dicing, mixing,					
slicing, blanching, boiling, cooking, packaging and assembly in order to be served or sold.					
$\square$ <b>1 Point-</b> Establishment has one or more additional areas where food preparation activities occur.					
□ 1 Point- Establishment specifically prepares or serves food to a population identified as highly susceptible such as nursing					
home or day care,					
☐ <b>1 Point-</b> Establishment has a customer seating capacity greater than 75, or operates a motor vehicle drive-through service					
window for food purchase and service					
□ <b>O Points</b> Micro Market(Insert number of micro markets on same premise)					
□ <b>0 Points</b> Mobile Unit/Base					

Total of Section A and Section B  ☐ 0 pts PRE-PACKAGED  ☐ 1 to 2.5 pts: SIMPLE  ☐ 2.5 to 4.5 pts: MODERATE  ☐ Above 4.5 pts: COMPLEX  ☐ Mobile Unit/Base	License Fee: \$ Pre-Inspection Fee: \$ Total: \$	Make checks payable to: City of Wauwatosa Submit To: Wauwatosa Health Department 7725 W. North Ave. Wauwatosa, WI 53213			
I certify that I am familiar with and agree to comply with all state and local laws, ordinances, and regulations as required in the Wisconsin Food Code and Wauwatosa Municipal Code.					
Signature:	Printed Name:	Date:			