

Retail Food Establishment Application - Serving Meals

Application Date: _____

Reason for application:	<input type="checkbox"/> New	<input type="checkbox"/> Change of Operator	<input type="checkbox"/> Other: _____
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Physical Business Location Information

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
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Phone number: _____	Cell number: _____
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Email address: _____

Emergency contact name: _____	Emergency contact number: _____
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Corporate/Owner Information

Name: _____

Address: _____

City: _____	State: _____	Zip: _____
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Phone number: _____	Cell number: _____
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Email address: _____

Food Handling Complexity Assessment. Please check all that apply. Refer to fee schedule for license fees.

Section A

- 0 Points** - An establishment only sells pre-packaged food or meal items, regardless if the food items are time/temperature controlled for safety.
- 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.
- 1 Point**- Establishment operates using a variance or HACCP plan
- 1 Point**- Establishment operates using a Bare Hand Contact or Time as Public Health Control Plan
- 1 Point**- 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
- 1 Point**- Establishment does cooling of cooked or reheated time/temperature for food safety.
- 1 Point**- Establishment prepares TCS food at their location and then transports it to be sold, under the wholesale exemptions for retail food establishments
- 1 Point**- Establishment serves or sells food that requires food-processing activities including chopping, dicing, mixing, slicing, blanching, boiling, cooking, packaging and assembly in order for it served or sold.
- 1 Point**- 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,
- 1 Point**- Establishment has a customer seating capacity greater than 75, or operates a motor vehicle drive-through service window for food purchase and service

<p>Total of Section A _____</p> <p><input type="checkbox"/> 0 pts PRE-PACKAGED</p> <p><input type="checkbox"/> 1 to 2.5 pts: SIMPLE</p> <p><input type="checkbox"/> 2.5 to 4.5 pts: MODERATE</p> <p><input type="checkbox"/> Above 4.5 pts: COMPLEX</p> <p><input type="checkbox"/> Mobile Unit/Base</p>	<p>License Fee: \$ _____</p> <p>Pre-Inspection Fee: \$ _____ (New Applicants Only)</p> <p>Total: \$ _____</p>	<p>Make checks payable to: City of Wauwatosa</p> <p>Submit To: Wauwatosa Health Department</p> <p>7725 W. North Ave.</p> <p>Wauwatosa, WI 53213</p>
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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: _____

<p>For office use only: <input type="checkbox"/> Approve <input type="checkbox"/> Deny</p>
