



**LINCOLN COUNTY TEMPORARY SPECIAL EVENT PERMIT  
 APPLICATION**

601 N. Sales St. Suite 101  
 Merrill, WI 54452  
 (p) (715) 536-0307  
 (f) (715) 536-2011

Completion of this form is voluntary, however to receive a permit you must complete the form. To receive a permit send the completed application and fee(s), **check or money order, payable to the LINCOLN COUNTY HEALTH DEPARTMENT**, to the above address.

Incomplete information may delay processing your application. **Type or Print Only.**

**Application must be submitted to the Department at least 30 days in advance of the event.**

Establishment Name	County
Establishment Street Address, City, State and Zip Code	Establishment Telephone ( )
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)	
Licensee Street Address, City, State and Zip Code (Where permit will be sent)	Legal Licensee Telephone ( )
Event/Location of 1 <sup>st</sup> Event after July 1, 2016	Date of Event
E-Mail Address	State ID Number (Obtain off last year's permit, if available)

**FEES:**

- \$130 Temporary RESTAURANT application fee.
- \$50 Temporary RETAIL application fee for the.

*Temporary Restaurants are deemed those by the state that serve full meal options (i.e. pizza, burgers, hotdogs, tacos, etc.).*

*Temporary retails are deemed those by the state that serves partial options (i.e. bakery goods, confections, nuts, drinks, etc.).*

**Please make check or money order payable to LINCOLN COUNTY HEALTH DEPARTMENT.**

1. List each *potentially hazardous* food item, and indicate which preparation procedure will occur in the space below. *Potentially hazardous* includes an animal food (a food of animal origin) that is raw or heat-treated; a food of plant origin that is heat-treated or consists of raw seed sprouts; cut melons; and garlic-in-oil mixtures. Any food that consists in whole or in part of milk or milk products, eggs, meat, poultry, fish, shellfish, edible crustacea, or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Food Item	Preparation Procedures (Check all that apply)													Location Prepared (If other than booth, provide establishment name and address)		
	Cook	Fry	Grill	Bake	Reheat	Cool	Hot Hold	Cold Hold	Mix	Cut	Slice	Assemble	Bread		Other	

NOTE: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

2. Identify all equipment including handwashing, dishwashing, ranges, grills, hot food holding facilities, refrigerators, worktables, food/single-service storage, etc.

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3. Describe how food preparation and utensil washing areas will be effectively screened to prevent contamination from flies and other insects:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe source and storage of water, storage and disposal of wastewater, and storage and disposal of garbage.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PLACES YOU ARE GOING TO:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**Please Note the Following:**

- All food must be stored on site, unless other arrangements are prior-approved**
- All food for the public must be separated from personal food**
- No storage of food outside, even if booth will be supervised at all times**
- Food not kept hot or cold will be disposed of by inspector**
- Any fire department requirements are separate from these requirements**
- Vendors with a State of WI DATCP license are subject to Lincoln County Inspections fees**

**The Public Health Inspector may alter or exclude menu items depending on the nature and location of an event.**

Your signature below will acknowledge that you have received a copy of the code or information as to where to obtain a copy and will comply with ATCP 75, Restaurants of the Wisconsin Administrative Code and the Appendix, and the above-described establishment will be operated and maintained in accordance with applicable regulations.

I, the applicant, understand that I am responsible for the following:  
No temporary restaurant shall operate without first obtaining a permit to do so.  
The permit may be suspended if serious violations exist.

<b>SIGNATURE</b> - Applicant	Date Signed
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DEPARTMENT COMMENTS:

Approved by:	Date
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Copy to Applicant:  In Person     Mailed    Date \_\_\_\_\_

I understand that this permit is valid in all areas of Lincoln County. I agree that if I am unable to produce this permit at an inspection by a Lincoln County employee, I shall be required to purchase a new permit for \$130.00, or cease operations. Additionally, purchased permits are not refundable.

**If you would like to receive a copy of our "Guidelines for Operating a Temporary Restaurant" or if you have any questions, please call, 715-536-0307.**