

Lincoln County Micro Market License Application

Wis. Stat. ch. § 97.30

Completion of this form is voluntary, however to receive a license you must complete the form. To receive a license 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 is for: New Establishment/Remodel Change in Ownership/Existing Facility

Establishment Information	
Establishment Name	Establishment Email Address
Establishment Street Address, City, State and Zip Code	Establishment Telephone ()

Legal Licensee Information	
Legal Licensee (name of sole proprietor, LLC, INC. etc.)	Legal Licensee Email Address
Legal Licensee Street Address, City, State and Zip Code	Legal Licensee Telephone ()

Contact Information (if different than above, if same as above- leave blank)	
Contact Name	Contact Title
Contact Phone Number	Contact Email Address

Check appropriate category for each of the following section.

Micro Markets	<u>License Fee</u>
<input type="checkbox"/> One Micro Market in a building	\$45.00
<input type="checkbox"/> Two or More Micro Markets in a building	\$65.00

Information requested on this application must be provided to obtain a retail food establishment license. Personal identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat § 15.04 (1)(m). Licenses are not transferable between persons or locations. Licenses expire annually on June 30th; unless issued after April 1st, which will expire on June 30th of the following year. A late fee will apply to establishments that fail to meet license renewal deadline. The license fee is not prorated for partial license years.

An operating without a license fee will be issued for all facilities that are operating without a current license. A re-inspection fee will be assessed based on the license category for any required re-inspection.

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 all applicable Wisconsin Administrative Code(s). and you wish to apply for a Retail Food Establishment license under Wis. Stat § 97.30.

SIGNATURE- APPLICANT

DATE SIGNED

Total Amount Enclosed: \$ _____

Note: Please check with your local municipality regarding zoning or other land use restrictions.