

7325 W Forest Home Ave Greenfield, WI 53220

- (414) 329-5275
- Fax (414) 543-5713
- greenfieldwi.us/health

Licensing Year:

Application for Temporary Restaurant/Mobile Food Permit

INSTRUCTIONS: Please complete and return it to the above address with your remittance <u>Payable to the CITY OF GREENFIELD.</u>

NAME AND ADDRESS OF ESTABLISHMENT						
NAME OF ESTABLISHMENT/ BUSINESS/ (DBA):						
ESTABLISHMENT ADDRESS						
CITY	STATE		ZIP CODE			
PHONE NUMBER OF ESTABLISHMENT	EMAIL ADDRESS OF ESTABLISHMENT					
Do you have a current DATCP Temporary Restaurar License?	urant or Mobile Food		If yes, what is your DA	TCP ID:		
In making this application, I understand this busin	ess is subject t	to the pr	ovisions of CH. 12 of	the Greenfield N	Municipal Code.	
If Partnershin list all Partner	's OR If Cor	rnoratio	on list Corporatio	nn Name & P	enistered Agent	
LAST NAME OF LEGAL LICENSEE	s. OR If Corporation, list Corporation FIRST NAME OF LEGAL LICENSEE		MIDDLE INITIAL	PHONE NUMBER OF LICENSEE		
LICENSEE ADDRESS				I		
CITY	STATE			ZIP CODE		
CITY	STATE			ZIP CODE		
CONTACT PERSON (Manager or Supervisor's Name)	EMAIL ADDRESS OF LICENSEE					
Event Name, Location & A	ddress, and	Dates	Where Food & Di	rink Products	s Will Be Sold:	
EVENT NAME, LOCATION & ADDRESS		DATE &	& YEAR OF EVENT	HOURS OF OPERATION		
Describe Your	Operation:	(Kinds	of Food & Drink	Products Sol	ld)	

A) Annual inspection fee with current DATCP temporary *(Provide proof of DATCP license)*	restaurant/mobile food license\$ 60.00 *
OR	
B) Annual inspection fee without current DATCP tempora	ry restaurant/mobile food license\$ 230.00
	Fees Rev. 10/12/18
Total Fee Due:	
Permit Expires December 31 of the licensing year	
Notify the Greenfield Health Department of all change operation.	es regarding location and scope of
SIGNATURE OF APPLICANT: In making this application, I understand this business is subject to the provisions of CHAPTER 1	2 of the Greenfield Municipal Code.
Effective July 1, 2005 The City of Greenfield will be charging a \$25.00 fee for checks which are NOTE: A 2 WEEK NOTICE is required before START OF EVENT	returned to us as uncollectible by our bank.

Temporary Event Annual Inspection Fee (choose one):