



Hales Corners Health Department
 5635 S. New Berlin Road
 Hales Corners, WI 53130
 (414) 529-6155
 (414) 529-6157 Fax

TEMPORARY EVENT RESTAURANT APPLICATION

PLEASE PRINT

License Year: July 1, 20__ to June 30, 20__

Establishment Name		
Establishment Address		Establishment Telephone ()
Legal Licensee (name of sole proprietor, partnership, LLC, LLP, corporation)		Fax Number ()
Legal Licensee Address, City, State & Zip Code		Legal Licensee Telephone ()
Event Name and Location		Date(s) of Event
Anticipated Food Products to be Prepared and Sold:		

	Annual Fee
Temporary Restaurant	\$180

I hereby certify that all of the information given above is true and correct, and agree to comply with all laws, ordinances and regulations affecting the above food establishment if a license is granted me.

Signature of Applicant	Title	Date
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Person in Charge:

Printed Name		Non-Event Mailing Address
Phone ()	Fax ()	Email

Office Use Only:

Health Dept.: Approved Disapproved

Chief of Police: Approved Disapproved

 HD Signature

 PD Signature