



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

VILLAGE RETAIL FOOD ESTABLISHMENT 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 ()
Name of Agent for the Corporation/Operator (if applicable)	

Check appropriate category:	Annual Fee
<input type="checkbox"/> Gross annual food sales less than \$20,000	\$35
<input type="checkbox"/> Gross annual food sales more than \$20,000	\$140

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	Phone ()
Email	Fax ()

Office Use Only:

Health Dept.: Approved Disapproved

Chief of Police: Approved Disapproved

 HD Signature

 PD Signature