

Department of Public Health

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Public Health Administrator

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Website: www.cityofracine.org/Health
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Environmental Health Division
262-636-9203

Community Health Division
262-636-9431

Laboratory Division
262-636-9571

APPLICATION FOR RETAIL FOOD ESTABLISHMENT PERMIT

Pursuant to Municipal Code Chapter 22

Return application with payment to the City of Racine Department of Customer Service
730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

NAME OF PERMITTEE (INDIVIDUAL, LLC, CORP, INC, ETC.)	ESTABLISHMENT NAME (D.B.A.)
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
ESTABLISHMENT ADDRESS	
CITY, STATE, ZIP CODE	
NAME OF CONTACT, TITLE	NAME OF LOCAL CONTACT IF DIFFERENT, TITLE
CONTACT PHONE NUMBER	ESTABLISHMENT PHONE NUMBER
CONTACT EMAIL ADDRESS	ESTABLISHMENT EMAIL ADDRESS
Are you planning on remodeling? <input type="checkbox"/> YES* <input type="checkbox"/> NO * If yes, provide construction plans.	

Identify the majority of your food sales (select one)?☐ **Restaurant Items (Serving Meals)**

Meals include, but are not limited to, chicken, sandwiches, roasted corn, hot dogs, tacos, nachos w/ cheese and meat, egg rolls, salads, cooked cheese curds, frozen pizza.

☐ **Retail Items (Not Serving Meals)**

Retail items include, but are not limited to, ice cream, coffee, snow cones, cappuccino, smoothies, candy, dispensed soda, bakery, kettle corn, fruit cups, chips w/ cheese.

☐ **Bed & Breakfast**☐ **Micro Market****1. Will you conduct any wholesale business? ☐ Yes ☐ No**

Wholesale means the sale of any food to a person or commercial entity who will either re-sell it, distribute it for re-sale, or use it as an ingredient in a product that will be offered for sale. **Wholesale** includes activities in which the processor relinquishes control of the food.

If yes, what percentage of food sales will be wholesale? _____ %

2. Will you need a variance? ☐ Yes ☐ No

A **variance** is a written document issued by the Public Health Department that authorizes a modification or waiver of a requirement from the WI Food Code.

If yes, select all that apply:

- ☐ Bare hand contact with ready to eat foods.
- ☐ Curing, sprouting, fermenting, smoking.

- ☐ Reduced oxygen packaging (Cryovac/vacuum packing).
- ☐ Acidification of food (sushi rice).
- ☐ Non-continuous cooking.
- ☐ Other: _____

3. Anticipated opening date: _____

4. Proposed hours of operation (Include A.M. or P.M.):

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMPLEXITY

FOOD ESTABLISHMENT- SERVING MEALS

Prepackaged/Other

Mobile Base- No Food Prep

Mobile Base

Simple

Moderate

Complex

Additional Areas (Extension of Premise)

DPI School Moderate/Complex

DPI School Satellite/Reheat Kitchen

FOOD ESTABLISHMENT- NOT SERVING MEALS

Prepackaged TCS Food

Simple (Final Product is non-TCS)

Simple TCS

Moderate

Complex Low (4.5-6.5)

Complex High (>6.5)

Ice Cream Truck

Micro Market (Single Location)

Micro Market (Multiple Locations on Same Premise)

Complexity Type	
Determined by Sanitarian (Initial/Date)	
Pre-Inspection Fee	\$ _____
Permit Fee	\$ _____
Other Fees (if applicable)	\$ _____
Total Paid \$ _____	