

**Washington County Health Department Permit Application to Operate
 A Mobile Restaurant / Mobile Service Base**

To receive a permit, send the completed application and fee(s), check or money order, payable to the Washington County Health Department. Incomplete information may delay processing your application. **Type or Print Only.**

NOTE: The permit year is from **July 1st** to the following **June 30th**. All permits expire on June 30th annually. A penalty fee of \$85 applies to renewal applications received after June 30th. Operation in any fiscal year requires a permit. All mobile restaurants, mobile service bases and commissaries not licensed during the previous year must be inspected before opening for business. Only one preinspection fee is required if all mobile units are available for inspection at the base during the preinspection. A signed and dated report by an authorized sanitarian indicating that the establishment meets the State Division of Public Health regulations is required before the permit can be issued. If a mobile service base is located in a different jurisdiction than the mobile restaurant, the operator of the mobile restaurant must first apply for a permit for the mobile service base in this different jurisdiction.

Licensure as a mobile restaurant does **NOT** exempt an operator from licensure as a temporary restaurant operator.

| | | |
|------------------------------------------------------------------------------------|-------------------------|------------------------------------------|
| Establishment Name | | County |
| Establishment Street Address, City, State and Zip Code | | Establishment Telephone |
| Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.) | | E-mail Address |
| Licensee Street Address, City, State and Zip Code | | Legal Licensee Telephone |
| Name of Agent for the Corporation/Operator (if applicable) | | Intended Date of Opening for Business |
| Name of Former Business | Name of Former Operator | ID No. from former license if applicable |

MOBILE RESTAURANT VEHICLE (Food service provided from unit):

- Prepackaged off-premise (unit serves only pre-made prepackaged meals obtained from an approved source) \$ 235.00 (\$105.00 Permit fee + \$130.00 Preinspection fee)
- Full-service – Simple* \$ 550.00 (\$230.00 Permit fee + \$320.00 Preinspection fee)
- Full-service – Moderate* \$ 800.00 (\$330.00 Permit Fee + \$470.00 Preinspection fee)
- Full-service – Complex* \$1310.00 (\$540.00 Permit Fee + \$770.00 Preinspection fee)

*Full service meals sold, served or prepared on vehicle such as hot dogs, brats, egg rolls, sandwiches, etc. To determine category see list of activities in DHS 196.05.

MOBILE SERVICE BASE PERMIT (required for every operator): Must be an enclosed building sized to accommodate the mobile restaurant unit for cleaning, storage and servicing. Wastewater is disposed of and potable water is obtained at the service base.

- Mobile Service Base – Prepackaged (No food preparation may occur at this form of base) \$270.00 (\$105.00 Permit Fee + \$165.00 Preinspection fee)
- Mobile Service Base – Simple* \$ 550.00 (\$230.00 Permit fee + \$320.00 Preinspection fee)
- Mobile Service Base – Moderate* \$ 800.00 (\$330.00 Permit Fee + \$470.00 Preinspection fee)
- Mobile Service Base – Complex* \$1310.00 (\$540.00 Permit Fee + \$770.00 Preinspection fee)

*Simple, Moderate and Complex food preparation can be done at this form of service base. To determine category see list of activities in DHS 196.05

See reverse side – signature is required

| MOBILE RESTAURANT VEHICLE IDENTIFICATION (Each Vehicle) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Vehicle or Manufacturer: _____ | |
| Model of Vehicle: _____ | |
| Serial No. of Vehicle: _____ | |
| Vehicle No. : _____ | |
| The operator may contract with other licensed restaurant(s) that provide food for the mobile restaurant vehicle. (List the same information for multiple contracts on separate sheet and attach to this application) | |
| Name of Restaurant | Restaurant License ID No. |
| Restaurant Street Address, City, State and Zip Code | |
| Name of Legal Licensee of Restaurant | |

| MOBILE SERVICE BASE | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Mobile Base Address, City, State and Zip Code | Establishment |
| Telephone | |
| Is enclosed building available for servicing, cleaning, inspection and maintenance of the vehicle: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ID No. and name (if licensed restaurant or base): | |
| If the mobile restaurant vehicle or mobile service base were previously licensed, list name, address and ID No. of previous operator. (complete only if applicable) | |
| Name of Operator | |
| Street Address, City, State and Zip Code | |
| Check the appropriate box when your business in operation. <input type="checkbox"/> Year Around <input type="checkbox"/> Summer <input type="checkbox"/> Winter | |
| 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). | |
| Signature – Applicant | Date Signed |

Within **30 days** after receiving a complete application for a permit, the department or its agent shall approve the application and make an appointment for a preinspection or shall give the applicant reasons, in writing, for the denial.

A permit shall not be issued to an operator without prior inspection.

***To obtain a copy of the code that covers your permit, go to the web and search for it by entering DHS 196. To obtain a copy of Washington County Code, Chapter 8, go to www.co.washington.wi.us/572 and search for Code 8. The **Appendix to DHS 196 can be found on the internet at https://docs.legis.wisconsin.gov/code/admin_code/dhs/196.pdf**
 Call the Health Department if you cannot access the codes on the internet.

Return this application via mail or fax to:

Washington County Health Dept
 Environmental Health Program
 333 E. Washington St., Suite 1100
 PO Box 2003
 West Bend, WI 53095

Phone: 262-365-5878
 Fax: 262-335-4463