

## TAYLOR COUNTY PERMIT APPLICATION TO OPERATE A MOBILE RESTAURANT / MOBILE SERVICE BASE

Completion of this form is voluntary, however, in order to receive a permit you must complete the form. To receive a permit send the completed application and fee(s), check or money order, payable to the TAYLOR COUNTY HEALTH DEPARTMENT. Incomplete information may delay processing your application. For complete mailing address, see reverse side of this form. **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.)		
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	State Issued ID No.

**MOBILE RESTAURANT VEHICLE** (Food service provided from unit):

- Prepackaged off-premise (unit serves only pre-made prepackaged meals obtained from an approved source)      \$214.00 (\$ 99.00 Permit fee + \$115.00 Preinspection fee)
- Full-service – Simple\*      \$480.00 (\$215.00 Permit fee + \$265.00 Preinspection fee)
- Full-service – Moderate\*      \$755.00 (\$330.00 Permit fee + \$425.00 Preinspection fee)
- Full-service – Complex\*      \$1,083.00 (\$473.00 Permit fee + \$610.00 Preinspection fee)

(All other types of meals sold, served or prepared on vehicle such as hot dogs, brats, egg rolls, sandwiches, etc.)

\*May be changed by the inspector at time of inspection

**MOBILE SERVICE BASE PERMIT** (Required for every operator):

- Mobile Service Base – Must be an enclosed building large enough to accommodate the mobile restaurant unit for cleaning, storage and servicing. No food preparation may occur at this form of base. It is the same location where waste water is disposed of and potable water is obtained.      \$214.00 (\$ 99.00 Permit fee + \$115.00 Preinspection fee)
- Mobile Service Base – Simple\*      \$480.00 (\$215.00 Permit fee + \$265.00 Preinspection fee)
- Mobile Service Base – Moderate\*      \$755.00 (\$330.00 Permit fee + \$425.00 Preinspection fee)
- Mobile Service Base – Complex\*      \$1,083.00 (\$473.00 Permit fee + \$610.00 Preinspection fee)

\*May be changed by the inspector at time of inspection.

**See reverse side – signature is required**

**MOBILE RESTAURANT VEHICLE IDENTIFICATION (Each Vehicle)**

Vehicle or Manufacturer	Model of Vehicle	Serial No. of Vehicle	Vehicle No.
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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.
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Restaurant Street Address, City, State and Zip Code

Name of Legal Licensee of Restaurant

**MOBILE SERVICE BASE**

Name of Mobile Base

Mobile Base Address, City, State and Zip Code	Establishment Telephone ( )
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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 a licensed restaurant or base)
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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	ID No.
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Street Address, City, State and Zip Code

Check the appropriate box when your business in operation.  
 Year Around     Summer     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
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**TAYLOR COUNTY HEALTH DEPARTMENT  
 224 S SECOND STREET - COURTHOUSE  
 MEDFORD, WI 54451  
 PHONE: 715-748-1410**