



APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

CITY OF RACINE ENVIRONMENTAL HEALTH DIVISION
730 WASHINGTON AVENUE, ROOM #1 RACINE WI 53403
(262) 636-9203 –PHONE (262) 636-9165 – FAX

***ATTENTION* NO FOOD PREPARATION MAY BE DONE AT HOME. ALL FOOD MUST
BE PREPARED AT THE TEMPORARY FOOD SERVICE BOOTH.**

ALL APPLICATIONS MUST BE RETURNED AT LEAST TWO (2) WEEKS BEFORE THE EVENT OR A LATE FEE WILL BE ASSESSED

A SEPARATE APPLICATION MUST BE ISSUED FOR EACH EVENT. PERMITS ARE LOCATION SPECIFIC AND NOT TRANSFERABLE.

INSTRUCTIONS: Please **PRINT AND FILL IN ALL BLANKS**. Make check payable to “City of Racine.” Return to Environmental Health, Room #1, City Hall, 730 Washington Ave. with proper fee(s).

NAME OF OPERATOR/ORGANIZATION _____ ADDRESS _____

CONTACT PERSON/LEGAL LICENSEE _____ PHONE/MOBILE PHONE NUMBER _____

EVENT NAME _____ LOCATION OF EVENT _____ NUMBER OF BOOTHS _____

DATE FOOD WILL BE SERVED _____ TIME FOOD SERVED (THIS MUST BE FILLED IN) _____

FEE AMOUNT – Obtain fees from Fee List below

Permit Fee	\$ _____	Total Paid	\$ _____
Late Fee (if applicable)	\$ _____	Method of Payment	_____

FEE LIST

PERMIT FEE:	ACCT #	PERMIT FEE:	ACCT #
TEMPORARY RESTAURANT		DEPARTMENT OF AGRICULTURE	
1-3 day event	\$70.00 101-490-6550	RETAIL OPERATIONS WITH FOOD	\$70.00 101-490-6660
4-11 day event	\$175.00	RETAIL OPERATIONS – NO PROCESSING	
RESTAURANT EXTENSION OF PREMISES			
One day event	\$45.00 101-490-6550		\$45.00 101-490-6660
NON-PROFIT		LATE FEES	
*Must provide copy of your 501 (c)3 when applying	\$45.00 101-490-6550	Less than 2 weeks	\$25.00 101-490-6730
MOBILE PERMIT - STATE ISSUED		Less than 48 hours	\$75.00
INSPECTION FEE	\$50.00 101-490-6550	Less than 24 hours	\$100.00
FOLLOW-UP INSPECTION FEE	\$25.00 101-490-6550		

LIST FOOD ITEMS BELOW AND CHECK PREPARATION PRODCEDURE (Check all that apply)

YOU MAY HAVE ONLY 2 ENTREES AND 2 SIDES

FOOD ITEM	FRY	GRILL	REHEAT	HOT HOLD	COLD HOLD	MIX	SLICE	OTHER	OTHER

THE HEALTH DEPARTMENT MAY LIMIT OR MODIFY THE NATURE OF THE FOOD SERVICE BOOTH OR THE TYPE OF FOOD BEING SERVED TO PROTECT THE HEALTH AND SAFETY OF THE GENERAL PUBLIC. I UNDERSTAND THAT IF NO ONE ATTENDS THE CLASS FROM THE ABOVE ORGANIZATION OR IF ALL REQUIREMENTS ARE NOT MET AT TIME OF INSPECTION, A PERMIT MAY NOT BE ISSUED.

APPLICANT SIGNATURE _____ DATE _____

Credit Card Payment (MC or Visa) _____ Exp Date: _____

Address/zip code card is billed to _____

Temp Food Service application