



**FOOD ESTABLISHMENT LICENSE APPLICATION**

**ESTABLISHMENT INFORMATION**

Name of Food Establishment: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Licensee Address: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Mail License to: \_\_\_\_\_

**TYPE OF ESTABLISHMENT-** Please check the appropriate box.

<b>LICENSING FEE SCHEDULE</b>		
<b>Food Service Business Type</b>	<b>Fee</b>	<b>Application Request (Please Check Box)</b>
Permanent Food Service Establishment – Restaurant with 0-49 Seats	\$120.00	
Permanent Food Service Establishment – Restaurant with 50-100 Seats	\$180.00	
Permanent Food Service Establishment – Restaurant with 101 or More Seats	\$420.00	
Permanent Food Service Establishment – Retail Food Market/Grocery Store	\$210.00	
Permanent Food Service Establishment – Retail Food Market/Grocery Store with Restaurant	\$270.00	
Permanent Food Service Establishment – Bakery/Confectionary	\$120.00	
Permanent Food Service Establishment – Convenience Store/Gas Station	\$120.00	
Permanent Food Service Establishment – Catering Business	\$120.00	
Permanent Food Service Establishment – Mobile Food Trucks	\$120.00	
Permanent Food Service Establishment – Oneida Food Service Program/Other Nonprofit Service Program of the Nation	\$0.00	
Pre-Packaged Food Service Establishment	\$120.00	

PLEASE REMIT COMPLETED APPLICATION WITH PAYMENT TO:

Oneida Environmental, Health, Safety and Land Division  
Attention: Vanessa Miller  
470 Airport Road  
Oneida, Wi 54155

Checks can be made out to Oneida EHSLD. Cash is not accepted.

**\*Each license is good for 1 fiscal year (October 1- September 30). THIS LICENSE IS NOT TRANSFERRABLE. You MUST have valid license BEFORE operating. All licenses expire September 30<sup>th</sup> annually. Fees must be paid at time of application. If the fee is not paid no license will be issued.**

***In accordance with the Oneida Food Service Code, I the undersigned do hereby respectfully make application to the Oneida Environmental, Health, Safety and Land Division of the Oneida Nation for a license for the year ending September 30, 2020. I hereby certify that I am familiar with the laws and regulations pertaining to the conditions of said establishment on the Oneida Nation and I hereby agree, if granted said license, to obey all provisions of said laws and regulations.***

***I hereby certify that the statements I have made in answer to the questions asked hereon are true and correct to the best of my knowledge and belief. Misrepresentations or omissions of information provided by the applicant may result in suspension or revocation of this license.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

Application rec'd by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Fee Amount Paid: \_\_\_\_\_ If none, explain: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

APPROVED

DENIED