

FOOD ESTABLISHMENT LICENSE APPLICATION

ESTABLISHMENT INFORMATION-

Application is for:

- ☐ New Establishment
- ☐ Change in Ownership
- ☐ Renewal
- ☐ Other, please specify: _____

Name of Food Establishment (*doing business as*): _____

Establishment Street Address, City, State and Zip Code: _____

Establishment Phone Number: _____

Establishment Site Contact Name: _____

Site Contact Primary Phone Number: _____

Site Contact Email Address: _____

Name of Licensee/Owner: _____

(Licensee is legally responsible for the operation of the FOOD ESTABLISHMENT such as the owner, the owner's agent, or other person. Person is an association, a corporation, individual, partnership, other legal entity, government, or governmental subdivision or agency.)

Name of Agent for the Corporation/Owner if applicable: _____

Licensee/Owner Phone Number: _____

Licensee/Owner Street Address, City, State and Zip Code: _____

Mail License to (Street Address or PO BOX number, City, State and Zip Code):

TYPE OF ESTABLISHMENT- Please check the appropriate box below.

| LICENSING FEE SCHEDULE | | |
|--|------------|---|
| Food Service Business Type | Fee | Application Request (Please Check Box) |
| 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 | |
| Independent Food Service Operator | \$90.00 | |

PLEASE REMIT COMPLETED APPLICATION WITH PAYMENT TO:

Oneida Environmental Health, Safety, Land,
and Agriculture Division (EHSLAD)
Attn: Brittany Nicholas
Little Bear Development Center
PO Box 365
Oneida, WI 54155

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

***Each license is good for 1 fiscal year (October 1- September 30). THIS LICENSE IS NOT TRANSFERRABLE TO ANOTHER OWNER (LICENSEE). You MUST have valid license BEFORE operating. All licenses expire September 30th annually. Fees must be paid at time of application. If the fee is not paid, no license will be issued. In line with latest changes to the Oneida Food Service Law, 305.7-1(c)(3) (B), any establishment that is currently licensed by another governmental unit within the Oneida Nation reservation boundary must still be licensed through the Oneida Nation, but the licensing fee will be waived. If your food establishment is newly constructed, or you are significantly remodeling an existing food establishment such that the type of operation is changing, you must also submit a Plan Review Application and Operational Plan. Plan Review may also be required due to a change in ownership.**

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, 2025. 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 Signed

For Office Use Only:

Application rec'd by:

Name

Date

Fee Amount Paid: _____ If none, explain: _____

License Number: _____ Date Issued: _____

Expiration Date: _____

APPROVED ☐

DENIED ☐