



## FOOD ESTABLISHMENT LICENSE APPLICATION

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### ESTABLISHMENT INFORMATION-

Application is for:

- New Establishment
- Change in Ownership
- Renewal
- Other, please specify: \_\_\_\_\_

***Please note: Highlighted areas below on this page are required.***

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.

<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	
Independent Food Service Operator	\$90.00	



PLEASE REMIT COMPLETED APPLICATION WITH PAYMENT TO:

Oneida Environmental, Land, & Agriculture Division  
Attn: Brittany Nicholas  
Little Bear Development Center  
PO Box 365  
Oneida, WI 54155

**Check or money order should be made out to Oneida Environmental, Land, & Agriculture Division. 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 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 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 Environmental, Land, & Agriculture Division of the Oneida Nation for a license for the year ending September 30, 2026. 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.*

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Print Name

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Signature

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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