Wauwatosa Health Department
7725 W. North Ave.
Wauwatosa, WI 53213
Phone: 414-479-8939

Transient Retail Food Application

Please STOP and contact the Wauwatosa Health Department if you have a current State license or will be operating outside of Wauwatosa.

Application Date: _____

Event Name: _____	Event Date(s): _____	
Applicant Information		
Name:		
Address:		
City:	State:	Zip:
Phone number:	Email Address:	

Is this organization a religious, fraternal, patriotic, service, or civic group (non-profit)? ☐ Yes ☐ No

If yes, has this group served food to the public during the last 12 months? ☐ Yes; # of days? _____ ☐ No ☐ N/A

WHD issues temporary food licenses to nonprofit organizations that serve meals to the public ≥4 days in a licensing year (July 1-June 30). The food service must be associated with an event or celebration and the license is only valid for duration of the event listed above.

Event Information. Please check all that apply. Refer to fee schedule for license fees.

Will all foods/beverages be prepared at the temporary food booth? ☐ Yes ☐ No

If no, please indicate what other locations will be used to prepare foods. (all foods must come from a commercial approved source or a licensed facility) _____

What equipment will be used to hot hold potentially hazardous foods? (above 135°F)
☐ Nescos ☐ Stove/oven ☐ N/A ☐ Other: _____

What equipment will be used to cold hold potentially hazardous foods? (below 41°F)
☐ Refrigerator ☐ Coolers w/ ice ☐ N/A ☐ Other: _____

Will a digital or metal thermometer with a range of 0°-220°F be available for monitoring temperatures? (meat thermometers are not accepted) ☐ Yes ☐ No

Will a hand wash sink with hot & cold water or an approved portable hand wash station be provided adjacent to food prep/serving areas? (soap/paper towels must be provided) ☐ Yes ☐ No

Will food workers be supplied with food service gloves, tongs, deli papers, etc. to eliminate bare hand contact with ready to eat foods? ☐ Yes ☐ No

What kind of sanitizer will be used for sanitizing food contact surfaces? ☐ Bleach/chlorine ☐ Quats

Is there a supply of test strips for the sanitizer being used? ☐ Yes ☐ No

Do you have enough serving utensils and equipment to be replaced every 4 hours? ☐ Yes ☐ No

If equipment must be washed on-site or if food service lasts >1 day, how will dishes and equipment be cleaned/sanitized?
☐ On-site in a 3 compartment sink or 3 wash tubs of adequate size ☐ In a licensed facility: _____

Source and storage of water: _____

Storage and disposal of waste water: _____

Storage and disposal of garbage: _____

Menu: Please list all foods and beverages that will be served (list here or attach menu)

_____
_____
_____
_____
_____
_____
_____

Transient Retail Food Fee: $_____	**Make checks payable to:** City of Wauwatosa **Submit To:** Wauwatosa Health Department 7725 W. North Ave. Wauwatosa, WI 53213

I certify that I am familiar with and agree to comply with all state and local laws, ordinances, and regulations as required in the Wisconsin Food Code and Wauwatosa Municipal Code.

Signature: _____ Printed Name: _____ Date: _____

For office use only: ☐ Approve ☐ Deny