

Langlade County Health Department

Langlade County Health Service Center 1225 Langlade Road, Antigo, Wisconsin 54409-2795 Phone: 715-627-6250—Fax: 715-627-6391 Email: health@co.langlade.wi.us https://langladecountyhealthdepartment



Langlade County Mobile Retail Food Establishment Plan Review Application

Wis. Stat. ch. § 97.30

All information must be sent either prior to application or with application to the **LANGLADE COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing. **Type or Print Only**.

Application is for	New Establishment	□Rem	odel
Application is for:	New Establishinent		ouei

Establishment Information				
Establishment Name	Establishment Email Address			
Establishment Street Address, City, State and Zip Code	Establishment Telephone			

Legal Licensee Information					
Legal Licensee (name of sole proprietor, LLC, INC. etc.)	Legal Licensee Email Address				
Legal Licensee Street Address, City, State and Zip Code	Legal Licensee Telephone				

Contact Information (if different than above, if same as above- leave blank)				
Contact Name	Contact Title			
Contact Phone Number	Contact Email Address			

Required: All information below MUST be sent						
\square Equipment list that includes make and model numbers	□ Copy of proposed menu					
\Box Finish material schedule- floor, wall and ceiling covering for	□ Floor plan drawn to scale with equipment and sinks labeled using a key.					
each processing area of the retail food establishment	Plans do not need to be architect drawn.					
Processes: check all that apply (below)						
□ Thawing □ Hot Holding □ Fruit & Vegetable Washing	\Box Cooling \Box Smoking \Box Sous Vide \Box Fermentation					
□Fresh potable water tank volume in gallons or liters:	□Waste water tank volume in gallons or liters:					
Service base Name, Address, License Number						

By signing, you attest all information is accurate, and you will notify Langlade County Health Department if you change information that has been submitted. Within **30 days** after receiving a complete application information under par. (a), or any additional information requested under par (b), the department shall approve or deny the plan. If the department or its agent denies a plan, it shall give the plan applicant the reason for denial in writing. The plan applicant may appeal the decision made by the department or its agent under ss. ATCP 75.14 and 75.16.

SIGNATURE- APPLICANT

DATE SIGNED

*Additional information required upon request per Wis Admin Code . S ATCP 75.075(2)(a)(8). Note: Please check with your local municipality regarding zoning or other land use restrictions.