

Buffalo County Health Department  
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 Alma WI 54610-0517



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[www.buffalocounty.com/331/Public-Health](http://www.buffalocounty.com/331/Public-Health)

## Buffalo County Health Department

*Prevent. Promote. Protect.*

# Mobile Retail Food Establishment Plan Review Application

Wis. Stats. § 97.30

All information must be sent with application to:  
**Buffalo County Health Department 407 S 2<sup>nd</sup> St. Alma, WI 54610**

<b>ESTABLISHMENT/DBA INFORMATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Remodel			
ESTABLISHMENT NAME:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:		ESTABLISHMENT PHONE: ( ) -	
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:		LEGAL ENTITY PHONE: ( ) -	
<b>CONTACT INFORMATION</b>			
CONTACT PERSON:	TITLE:	PHONE: ( ) -	EMAIL ADDRESS:
<b>Required – All information below must be sent with application</b>			
<input type="checkbox"/> Equipment list that includes make and model numbers		<input type="checkbox"/> Copy of the menu	
<input type="checkbox"/> Finish material schedule – floor, wall, and ceiling covering for each processing area of the retail food establishment			
<input type="checkbox"/> Floor plan drawn to scale with equipment and sinks labeled using a key. Plans do not need to be architect drawn. Include photos if available.			
Processes ( <i>check all that apply</i> )			
<input type="checkbox"/> Thawing <input type="checkbox"/> Hot Holding <input type="checkbox"/> Fruit and Vegetable Washing <input type="checkbox"/> Cooling <input type="checkbox"/> Smoking <input type="checkbox"/> Sous Vide <input type="checkbox"/> Fermentation			
Fresh (Potable) water tank volume in gallons or liters:		Waste water tank volume in gallons or liters:	
Service Base Address, Name, License Number (if issued include copy of license with plan review material) ( <i>if base is not licensed plan review of base may also be needed</i> ):			

By signing you attest all information is accurate, and you will notify the health department if you change information that has been submitted.

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SIGNATURE – APPLICANT:

DATE SIGNED:

Additional information required upon request per *Wis. Admin. Code § ATCP 75.075 (2) (a) 8.*

*Wis. Admin. Code § ATCP 75.075(2) (c)* Within 30 days after receipt of complete information under par. (a), or any additional information requested under par. (b), the department or its agent shall approve or deny the plan. If the department or its agent approves the plan, the department or its agent shall issue a plan approval letter to the plan applicant. If the department or its agent denies a plan, it shall give the plan applicant the reason for the denial, in writing. The plan applicant may appeal the decision made by the department or its agent under *Wis. Admin. Code § ATCP 75.14 and 75.16.*