



City of Franklin Health Department
 9229 W. Loomis Road
 Franklin, WI 53132
 (414) 425-9101
 (414) 427-7539 Fax

PLEASE TYPE OR PRINT
 Submit check payable to the
 City of Franklin with application
 to address at left

OFFICE USE ONLY
DATE ISSUED
EXPIRES
FEE PAID
Lic. No

TEMPORARY EVENT FOOD APPLICATION

Please submit the completed application and inspection fee in the form of check or money order payable to the **City of Franklin**. Application should be submitted to the Franklin Health Department at least 7 days before the event.

Type of Operation	
Temporary Restaurant License Fee [Less than 5 days per license year]	\$150
Special Event Restaurant Fee [5 day and less than 12 days per license year]	\$200

APPLICANT or ESTABLISHMENT NAME	
APPLICANT or ESTABLISHMENT STREET ADDRESS CITY STATE & ZIP CODE	TELEPHONE WORK: CELL:
BUSINESS NAME/ LEGAL LICENSEE (such as name of sole proprietor or partnership or LLC LLP Inc.)	
BUSINESS/ LICENSEE STREET ADDRESS CITY STATE & ZIP CODE	BUSINESS/ LICENSEE TELEPHONE WORK: CELL:
EVENT NAME AND LOCATION	DATES OF EVENT

I the applicant understand that the:

- Field Inspection report will serve as the temporary event permit to operate
- Permit may be suspended or revoked if serious conditions exist
- Franklin Health Department, acting as an agent for the state, has the authority to inspect and charge an inspection fee
- Inspection fees are not refundable

APPLICANT SIGNATURE _____

DATE _____

Submit the completed application and inspection fee in the form of check or money order payable to the **City of Franklin** at:

Franklin Health Department
 9229 W. Loomis Road
 Franklin, WI 53132

If you would like to receive a copy of 'Guidelines for Operating a Temporary Restaurant' or if you have questions, please call the health department: (414) 425-9101

Dated: July 1 2009