



FOOD LICENSE APPLICATION

City of Marshfield, Wisconsin

207 W 6th Street, Marshfield, WI 54449

\$25.00 Annual Fee

New Renewal

Restaurant Store

Have you contacted the County Health Department regarding your food license? Yes No

Licensing period July 1, 20____ - June 30, 20____

The license shall, if issued be from the date of issuance to June 30 unless the license is revoked for cause by the Common Council prior to that date.

BUSINESS NAME	
TRADE NAME If different from above	
STREET ADDRESS	Street _____ City _____ State _____ Zip _____
MAILING ADDRESS If different from above	Street _____ City _____ State _____ Zip _____
OWNER NAME	First _____ Last _____
MANAGER NAME	First _____ Last _____
BUSINESS PHONE #	
EMAIL ADDRESS	

I, the undersigned, do hereby apply for a license to serve food, subject to the limitations imposed by City of Marshfield Municipal Code 9-55 and all acts amendatory and supplementary of those sections, and thereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such items if a license is granted to me. I certify that I am at least eighteen years of age and that the statements in the foregoing application subscribed to me are true and correct to the best of my knowledge.

Signature: _____ Date: _____

OFFICE USE ONLY

Approval of Municipal Authority			
<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY Issued by: _____			
Customer Code:	Granted:	License #	Receipt #: