

2024 Temporary Establishment License Application

INSTRUCTIONS: Please complete the form below and submit your application by email, mail or in person.

Establishment Information

Licensee/Owner Information

Establishment Name:			Licensee Name:			
			(e.g. LLC or sole proprietor)			
Event Name:			Contact Person:			
Event address:			Billing Address:			
Event address.			Billing Address.			
City:	Zip:		City/State:	Zip:		
Event Date(s):			Phone(s):			
			Email(s):			
T D			Water Source:			
Type: Please	choose one			Private		
Cananana d			Public			
Campground		Food	Note: If a food vendor,	please fill out below. If you		
Tattoo/Piercing		1 000	-	-		
			are an event coordinator, please provide a list of			
			vendors to Rock Count	ty Public Health.		

List food items below and check preparation procedure. (Please check all that apply)

Food Item	Fry	Grill	Reheat	Cold Hold	Mix	Slice	Other

*No food preparation may be done at home. All food must be prepared at the temporary food service booth at the event.

Where will the food and beverages be purchased and stored prior to the event?

Rock County Public Health may limit or modify the nature of the food service booth, or the type of food being served to protect the health and safety of the general public. I understand that I must run my temporary food service booth in accordance with applicable regulations at all times.



√	TEMPORARY RESTAURANT/ RETAIL FOOD		
	LICENSE DESCRIPTION	FEE	
	Temporary – Non Profit	\$45.00	
	Temporary – Three Day	\$65.00	
	Temporary – Six Day	\$110.00	
	Temporary – Annual	\$170.00	

✓	TATTOO/BODY PIERCING	
	LICENSE DESCRIPTION	FEE
	Tattoo Establishments (includes temporary)	\$215.00
	Body Piercing Establishments (includes temporary)	\$215.00
	Tattoo and Body Piercing Establishments (includes temporary)	\$335.00

✓	CAMPGROUNDS/SPECIAL EVENT CAMPGROUNDS	
	LICENSE DESCRIPTION	FEE
	Special Event Campgrounds	\$255.00

Total	Amount	Due*
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*Contact our department to verify applicable fees prior to payment submission.

Debit/Credit, check, or cash are accepted. DO NOT mail cash. Debit/Credit (service fee applies) can be paid in person or via the Public Health Department website: https://www.co.rock.wi.us/departments/public-health/licensed-facilities

Submit Check Payable To:

Rock County Public Health PO Box 1088 Janesville, WI 53547-1088

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Print Name	Signature of owner/operator	Date

Applications may be emailed to:

PH-EH-LicensedFacilities@co.rock.wi.us

For Office Use Only

Amount Paid:	Date:
☐ Cash Check	#
Credit/debit TXN_	#