

BROWN COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
Public Health Division - Environmental Health Unit



2198 GLENDALE AVE
 GREEN BAY, WI 54303

[Anna Nick, MS, Public Health Officer](#)

PHONE: (920) 448-6400 FAX: (920) 448-6455 WEB: www.browncountywi.gov FACEBOOK: @BrownCountyPublicHealth

Retail Food Establishment Plan Review Application

Establishment /DBA Information: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Change of Ownership			
Establishment Name:			
Establishment Street Address:	City:	State:	Zip:
Email Address:	Establishment Phone:		
Legal Entity (Such as name of sole proprietor, partnership, LLC, LLP, or Inc.):			
Legal Entity Mailing Address:	City:	State:	Zip:
Legal Entity Email Address:	Legal Entity Phone:		

Contact Information	
Contact Name:	Title:
Email Address:	Phone:

Submit the following (Incomplete plans will not be reviewed)																								
<input type="checkbox"/> Copy of menu <input type="checkbox"/> Equipment list that includes make and model numbers. <input type="checkbox"/> Copies of other municipal, county, or state approvals relating to the retail food establishment. <input type="checkbox"/> New Construction- Architect drawn floor plan drawn to scale with equipment layout. <input type="checkbox"/> Remodel- Floor plan drawn to scale with equipment layout. Plans do not need to be architect drawn.																								
Processes (Check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Thawing</td> <td><input type="checkbox"/> Curing</td> <td><input type="checkbox"/> Cold Holding</td> <td><input type="checkbox"/> Reduced Oxygen Packaging</td> </tr> <tr> <td><input type="checkbox"/> Cook-Chill</td> <td><input type="checkbox"/> Brining</td> <td><input type="checkbox"/> Sous Vide</td> <td><input type="checkbox"/> Fruit & Vegetable Washing</td> </tr> <tr> <td><input type="checkbox"/> Cooling</td> <td><input type="checkbox"/> Sprouting</td> <td><input type="checkbox"/> Fermentation</td> <td><input type="checkbox"/> Using Vinegar for Preservation</td> </tr> <tr> <td><input type="checkbox"/> Smoking</td> <td><input type="checkbox"/> Hot Holding</td> <td><input type="checkbox"/> Partial Cooking</td> <td><input type="checkbox"/> Packaging Juice</td> </tr> <tr> <td><input type="checkbox"/> Outdoor Cooking</td> <td><input type="checkbox"/> Catering</td> <td><input type="checkbox"/> Buffet</td> <td><input type="checkbox"/> Distribution/Wholesaling</td> </tr> <tr> <td><input type="checkbox"/> Delivery</td> <td></td> <td><input type="checkbox"/> Food/Salad Bar</td> <td><input type="checkbox"/> Molluscan Shellfish Life Support Tank</td> </tr> </table>	<input type="checkbox"/> Thawing	<input type="checkbox"/> Curing	<input type="checkbox"/> Cold Holding	<input type="checkbox"/> Reduced Oxygen Packaging	<input type="checkbox"/> Cook-Chill	<input type="checkbox"/> Brining	<input type="checkbox"/> Sous Vide	<input type="checkbox"/> Fruit & Vegetable Washing	<input type="checkbox"/> Cooling	<input type="checkbox"/> Sprouting	<input type="checkbox"/> Fermentation	<input type="checkbox"/> Using Vinegar for Preservation	<input type="checkbox"/> Smoking	<input type="checkbox"/> Hot Holding	<input type="checkbox"/> Partial Cooking	<input type="checkbox"/> Packaging Juice	<input type="checkbox"/> Outdoor Cooking	<input type="checkbox"/> Catering	<input type="checkbox"/> Buffet	<input type="checkbox"/> Distribution/Wholesaling	<input type="checkbox"/> Delivery		<input type="checkbox"/> Food/Salad Bar	<input type="checkbox"/> Molluscan Shellfish Life Support Tank
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By signing, you attest all information is accurate, and you will notify BCPH if you change information that has been submitted.

 Signature – Applicant: _____
 Date Signed

Email application and supporting documents to: BC_Health@browncountywi.gov
or mail to Brown County Public Health, 2198 Glendale Ave, Green Bay, WI 54303

