Manitowoc County Health Department
1028 S 9th St
Manitowoc WI 54220
920-683-4155
healthdepartment@manitowoccountywi.gov

Retail Food Establishment Plan Review Application

Wis. Stat. § 97.30

ESTABLISHMENT/DBA INFORMATION: ☐ NEW ☐ REMODEL	
ESTABLISHMENT NAME:	COUNTY:
ESTABLISHMENT STREET ADRESS	CITY STATE ZIP
EMAIL ADDRESS	ESTABLISHMENT PHONE
LEGAL ENTITY (name of sole proprietor, partnership, LLC,LLP, Inc):	COUNTY:
LEGAL ENTITY MAILING ADDRESS:	CITY: STATE ZIP
EMAIL ADDRESS:	LEGAL ENTITY PHONE

CONTACT INFORMATION
CONTACT PERSON: TITLE: PHONE: EMAIL ADDRESS:
INCLUDED WITH THIS APPLICATION: (Please check) ☐ Menu Items: food prepared or processed (circle one) ☐ Equipment list that includes make and model numbers. Please include spec/cut sheets ☐ Finish material schedule-floor, wall, and ceiling covering for each processing area of the retail food establishment ☐ Floor plan drawn to scale with equipment and sinks labeled using a key. Plans do not need to be architect drawn
PROCESSES (check all that apply): ☐ Thawing ☐ Reduced Oxygen Packaging ☐ Hot Holding ☐ Buffet ☐ Fruit & Vegetable Washing ☐ Catering ☐ Distribution/Wholesaling ☐ Cooling ☐ Smoking ☐ Outdoor Cooking ☐ Sous Vide ☐ Fermentation

Additional information required upon request per ATCP 75.075(2)(a)(8)
By signing you attest all information is accurate, and you will notify the Manitowoc County Health Department if you change information that has been submitted.

SIGNATURE – APPLICANT DATE SIGNED

REQUIRED – All information must be sent with application to: healthdepartmentEH@manitowoccountywi.gov (preferred) or mail to MCHD, 1028 S 9th St, Manitowoc WI 54220

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 ss. ATCP 75.14 and 75.16.