



7325 W Forest Home Ave  
Greenfield, WI 53220

- (414) 329-5275
- Fax (414) 543-5713
- greenfieldwi.us/health

**Licensing Year:**

**APPLICATION FOR INSPECTION FEE/ TEMPORARY EVENT PERMIT**

**INSTRUCTIONS:** Please complete and return it to the above address with your remittance Payable to the CITY OF GREENFIELD.

***NAME AND ADDRESS OF ESTABLISHMENT***

NAME OF ESTABLISHMENT/ BUSINESS/ (DBA) :		
STREET		
CITY	STATE	ZIP CODE
PHONE NUMBER OF ESTABLISHMENT:		

In making this application, I understand this business is subject to the provisions of CH. 12 of the Greenfield Municipal Code.

***If Partnership, list all Partners. OR If Corporation, list Corporation Name & Registered Agent***

LAST NAME OF LEGAL LICENSEE	FIRST NAME	MIDDLE INITIAL	PHONE NUMBER
ADDRESS			
CITY	STATE	ZIP CODE	
CONTACT PERSON (Manager or Supervisor's Name)	PHONE NUMBER & AREA CODE		

***Event Name, Location & Address, and Dates Where Food & Drink Products Will Be Sold:***

EVENT NAME, LOCATION & ADDRESS	DATE & YEAR OF EVENT	HOURS OF OPERATION

***Describe Your Operation: (Kinds of Food & Drink Products Sold)***

***SIGNATURE OF APPLICANT:*** \_\_\_\_\_ ***DATE:*** \_\_\_\_\_

In making this application, I understand this business is subject to the provisions of CHAPTER 12 of the Greenfield Municipal Code.  
Effective July 1, 2005 The City of Greenfield will be charging a \$25.00 fee for checks which are returned to us as uncollectible by our bank.

NOTE: A **2 WEEK NOTICE** is required before **START OF EVENT**

Permit Expires on December 31 of the calendar year

Temporary Event Inspection Fee

**Temporary Event Inspection Fee ----- \$45.00 Per Day**

*Fees Rev. 7-15-15*

PERMIT FEE:

PERMIT VAILD:

**PLEASE INFORM THE GREENFIELD HEALTH DEPARTMENT OF ANY CHANGES.**

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Rev. 7/31/17