



Franklin Health Department  
9229 W. Loomis Rd  
Franklin, WI 53132

- (414) 425-9101
- Fax (414) 427-7539
- [www.franklinwi.gov](http://www.franklinwi.gov)

Licensing Year: \_\_\_\_\_

## **APPLICATION FOR PERMIT**

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

### **NAME AND ADDRESS OF ESTABLISHMENT**

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

**In making this application, I understand this business is subject to the provisions of CH. 138 of the Franklin Municipal Code.**

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

BUSINESS/LEGAL LICENSEE NAME			
CONTACT LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NUMBER
ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL			
FOOD MANAGER'S NAME		FOOD MANAGER'S CERTIFICATION #	EXPIRATION DATE
EMAIL			

NAME OF FORMER BUSINESS	INTENDED DATE OF OPENING BUSINESS
YEARLY GROSS SALES	TOTAL FEES DUE FROM PAGE 2

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

*In making this application, I understand this business is subject to the provisions of CHAPTER 40 of the Franklin Municipal Code. Effective January 9, 2018. The City of Franklin will be charging a \$25.00 fee for checks which are returned to us as uncollectible by our bank.*

**NOTE: A 48 HOUR NOTICE is required to make an appointment for a FINAL INSPECTION.**

Permit Expires on June 30 of the licensing year.

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

**Check the appropriate category for each of the following sections:**

<b>RESTAURANTS</b>			
Prepackaged off-premise	<input type="checkbox"/> \$315.50 Permit Fee	<input type="checkbox"/> \$130.00 Pre-inspection fee new establishments or change of owner	
Full-service-Simple	<input type="checkbox"/> \$460.00 Permit Fee	<input type="checkbox"/> \$165.00 Pre-inspection fee new establishments or change of owner	
Full-service-Moderate*	<input type="checkbox"/> \$505.00 Permit Fee	<input type="checkbox"/> \$265.00 Pre-inspection fee new establishments or change of owner	
Full-service-Complex*	<input type="checkbox"/> \$711.00 Permit Fee	<input type="checkbox"/> \$365.00 Pre-inspection fee new establishments or change of owner	
Additional Prep Area	<input type="checkbox"/> \$120.00 Permit Fee		
*To be determined by Inspector at time of pre-inspection, if applicable.			
State of Wisconsin Restaurant manager Certification Id No.:			Expiration Date:
<b>LODGING</b>			
Tourist Rooming House (1-4 rooms) (Cabin, Cottage, etc.)	<input type="checkbox"/> \$165.00 Permit fee	<input type="checkbox"/> \$75.00 new establishments or change of owner	No. of Sleeping Rooms _____
Hotel/Motel/Resort (5-30 rooms)	<input type="checkbox"/> \$404.00 Permit Fee	<input type="checkbox"/> \$395.00 new establishments or change of owner	_____
Hotel/Motel/Resort (31-99 rooms)	<input type="checkbox"/> \$558.00 Permit Fee	<input type="checkbox"/> \$395.00 new establishments or change of owner	_____
Hotel/Motel/Resort (100-199 rooms)	<input type="checkbox"/> \$738.00 Permit Fee	<input type="checkbox"/> \$395.00 new establishments or change of owner	_____
Hotel/Motel/Resort (200 + rooms)	<input type="checkbox"/> \$900.00 Permit Fee	<input type="checkbox"/> \$395.00 new establishments or change of owner	_____
Per Hotel/Motel operator – establishment is to be classified as a: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel			
Will there be food service on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>POOLS</b>			
Swimming Pool	<input type="checkbox"/> \$465.00 License	<input type="checkbox"/> \$165.00 Pre-inspection or change of owner	
Whirlpool	<input type="checkbox"/> \$465.00 License	<input type="checkbox"/> \$165.00 Pre-inspection or change of owner	
Note: Department of Commerce plan approval required for new / altered/ modified pools.			
<b>MICRO MARKETS</b>			
Micro Market	<input type="checkbox"/> \$44.00 License		
Micro Market 2+ Same Building	<input type="checkbox"/> \$66.00 License		
<b>TOTAL AMOUNT ENCLOSED: \$ _____</b>			
APPLICANT SIGNATURE			Date Signed

\$100.00 late fee applies to all types of establishments listed on this application.

In making this application, I understand this business is subject to the provisions of CHAPTER 40 of the Franklin Municipal Code. Effective January 9, 2018. The City of Franklin will be charging a \$25.00 fee for checks which are returned to us as uncollectible by our bank.

A permit shall not be issued to a new establishment without a pre-inspection and payment of applicable fees.

Establishments must be properly zoned and obtain an occupancy permit.

Contact the City Development/Planning Department for zoning requirements – (414) 425-4024

Contact the Inspection Department for Occupancy Permit – (414) 425-0084

Please submit fees and completed application to: **City of Franklin**  
Health Department  
9229 W. Loomis Road  
Franklin, WI 53132