



**2024 MOBILE & TRANSIENT LICENSE FEES**

Establishment Name:	Legal Licensee:
Establishment Street Address, City, State, and Zip Code:	Legal Licensee Mailing Address, City, State and Zip Code:
Establishment Telephone Number:	Licensee or Agent Telephone Number:
<b>EFFECTIVE OPENING DATE:</b>	<b>E-MAIL ADDRESS:</b>
<b>Owner Name:</b>	<b>I CONSENT TO ENTRY ON THE PREMISE BY LA CROSSE COUNTY PERSONNEL FOR PURPOSES OF INSPECTION AT ALL REASONABLE HOURS.</b>
_____	_____
<b>Please print clearly</b>	<b>Signature</b>

Check appropriate category for each of the following section. All licenses expire June 30<sup>th</sup> of each year.

<b>MOBILE SERVING MEALS</b>
<input type="checkbox"/> Mobile Retail SM Food base no food prep or processing (\$100 Permit Fee + \$95 Pre -inspection Fee) <b>\$195</b>
<input type="checkbox"/> Mobile Retail SM Prepackaged (\$250 Permit Fee + \$250 Pre inspection Fee) <b>\$500</b>
<input type="checkbox"/> Mobile Retail SM Simple (\$450 Permit Fee + \$350 Pre inspection Fee) <b>\$800</b>
<input type="checkbox"/> Mobile retail SM Moderate (\$550 Permit Fee + \$450 Pre inspection Fee) <b>\$1,000</b>
<input type="checkbox"/> Mobile Retail SM Complex (\$755 Permit Fee + \$800 Pre inspection Fee) <b>\$1,555</b>
<input type="checkbox"/> Restaurant – Inspection Only <b>\$95</b>

<b>MOBILE RESTAURANT BASE</b>
<input type="checkbox"/> Mobile Retail SM Food base no food prep or processing (\$100 Permit Fee + \$95 Pre-inspection Fee) <b>\$195</b>
<input type="checkbox"/> Mobile Retail SM Prepackaged (\$250 Permit Fee + \$250 Pre inspection Fee) <b>\$500</b>
<input type="checkbox"/> Mobile Retail SM Simple (\$450 Permit Fee + \$350 Pre inspection Fee) <b>\$800</b>
<input type="checkbox"/> Mobile Retail SM Moderate (\$550 Permit Fee + \$450 Pre inspection Fee) <b>\$1,000</b>
<input type="checkbox"/> Mobile Retail SM Complex (\$755 Permit Fee + \$800 Pre inspection Fee) <b>\$1,555</b>
<input type="checkbox"/> Restaurant – Inspection Only <b>\$95</b>

<b>MOBILE NOT SERVING MEALS</b>
<input type="checkbox"/> Mobile Retail NSM Prepackaged (\$115 Permit Fee + \$210 Pre-inspection Fee) <b>\$325</b>
<input type="checkbox"/> Mobile Retail NSM Simple Non TCS (\$167 Permit Fee + \$310 Pre inspection Fee) <b>\$477</b>
<input type="checkbox"/> Mobile Retail NSM Simple Limited TCS (\$284 Permit Fee + \$310 Pre inspection Fee) <b>\$594</b>
<input type="checkbox"/> Mobile Retail NSM Simple Unlimited TCS (\$450 Permit Fee + \$310 Pre inspection Fee) <b>\$760</b>
<input type="checkbox"/> Mobile Retail NSM Moderate (\$550 Permit Fee + \$410 Pre inspection Fee) <b>\$960</b>
<input type="checkbox"/> Mobile Retail NSM Complex <1 (\$700 Permit Fee + \$525 Pre inspection Fee) <b>\$1,225</b>
<input type="checkbox"/> Mobile Retail NSM Complex 1-5 (\$755 Permit Fee + \$575 Pre inspection Fee) <b>\$1,330</b>
<input type="checkbox"/> Mobile Retail NSM Complex 5-15 (\$875 Permit Fee + \$635 Pre inspection Fee) <b>\$1,510</b>
<input type="checkbox"/> Mobile Retail NSM Complex >15 (\$925 Permit Fee + \$800 Pre inspection Fee) <b>\$1,725</b>
<input type="checkbox"/> Food Retail Inspection Only <b>\$95</b>

<b>TRANSIENT</b>
<input type="checkbox"/> Transient Prepack TCS <b>\$115</b>
<input type="checkbox"/> Transient <b>\$200</b>
<input type="checkbox"/> Transient Tavern <b>\$220</b>

**\*\*Please make the check/money order out to La Crosse County Health Department\*\***

SANITARIAN \_\_\_\_\_

PERMIT FACILITY: YES OR NO

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

\*\*\*\*\*

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

HealthSpace / County ID Number: \_\_\_\_\_