



INSTRUCTIONS FOR OBTAINING A MOBILE FOOD ESTABLISHMENT LICENSE

- A City of Eau Claire license and a Health Department license is sometimes needed. Contact the Health Department at 715-839-4718 to determine the type of Health Department license needed.
- Contact the Licensing department at licensing@eauclairewi.gov, by phone at 715-839-4923 or on our website at www.eauclairewi.gov for the Uniform License application sheet.
- Submit a copy of your seller's permit from the State of Wisconsin; this is a 15-digit number starting with 456-xxxxxxxxxx-xx.
- Provide \$1,000,000 of liability insurance – Certificate of Liability Insurance**
- Submit form with attachments and payment to:**
 - Paperwork: licensing@eauclairewi.gov
 - Payment: www.eauclairewi.gov/payment
 - Mail: City of EC, PO Box 909, EC, WI 54702
 - Phone: 715-839-4923 - payment
 - Dropbox: 203 S. Farwell St., EC, WI 54701
- Pay applicable license fee(s) prior to the inspection signoff. The license period is July 1 to June 30. Fees are non-refundable and most fees are not prorated.
- Schedule inspections and obtain signatures from inspectors:
 - Health Department (715-839-4718)
 - Fire Inspector (715-839-4825)**Applicant must contact the inspectors AT LEAST 3 DAYS IN ADVANCE to schedule inspections and obtain signatures.**
- After you have obtained signatures from all inspectors, return the form to the Licensing Specialist to obtain your licenses.

Requirements of a Mobile Food Establishment per Chapter 13.12

- Applicant must have a licensed commercial base
- Applicant must have proper City & Health Department licensing
- Post license
- Hours of operation allowed are 8:00am to 11:00pm
- Post Name/address/phone number on Mobile Food Establishment truck
- Can only operate at any one location for 6 hours at a time
- **NOTE:** No mobile food establishment shall operate on any public street within 200 feet of any business holding a valid restaurant license from the City-County Health Department and a valid restaurant license from the city unless they have permission from the business owner.

Questions:

Email: licensing@eauclairewi.gov

2024 CITY OF EAU CLAIRE UNIFORM LICENSE APPLICATION

Check one Individual Partnership Corporation Other:

Legal name of business: _____ SELLERS PERMIT NUMBER: _____

Trade name of business: _____ EMAIL ADDRESS (REQUIRED): _____

Address of business: _____

Mailing address: _____

Name of Applicant: _____ Date: _____ Bus. Phone: _____

CITY OF EAU CLAIRE LICENSE FEES

LICENSE TYPE	DESC	QTY				CODE	FEE	TOTAL
PUBLICATION FEE						1130	\$40new/\$20ren	
COMBINATION CLASS B	prorated					1111	\$ 600.00	
RESERVE CLASS B	1st year only					1112	\$ 11,600.00	
COMBINATION CLASS A	prorated					1113	\$ 772.00	
CLASS A BEER	prorated					1115	\$ 272.00	
CLASS B BEER	prorated					1116	\$ 100.00	
CLASS A LIQUOR	prorated					1124	\$ 500.00	
CLASS C WINE	prorated					1114	\$ 100.00	
CLASS A CABARET	live music/dancing					1317	\$ 217.00	
CLASS B CABARET	live music					1318	\$ 153.00	
CIGARETTE	Circle One: OTC VM BOTH					1315	\$ 100.00	
AMUSEMENT DEVICE	per/device			(Only Electrical inspection required)		1316	\$ 53.00	
POOL TABLE	per/table					1357	\$ 33.00	
CITY RESTAURANT						1312	\$ 124.00	
CITY RESTAURANT/LTD						1311	\$ 64.00	
MOBILE FOOD FIRE TRUCK INSPECTION						2521	\$ 58.00	
OTHER LICENSE FEE	LICENSE TYPE:							

HEALTH DEPARTMENT SERVING MEALS RETAIL FOOD ESTABLISHMENT LICENSE FEES

LICENSE TYPE	DESC	PLAN REV CODE	PLAN REV FEE	PRE-INSP CODE	PRE-INSP FEE	LIC CHGE CODE	LICENSE FEE
SPECIAL ORGANIZATION (SO)		5120	\$222.00	5119	\$222.00	5118	\$ 443.00
HEALTH LTD REST/PRE-PACKAGED		5138	\$193.00	5130	\$193.00	5111	\$ 385.00
HEALTH REST COMPLEX	<\$25K	5164	\$400.00	5170	\$400.00	5098	\$ 799.00
HEALTH REST MODERATE	<\$25K	5165	\$289.00	5171	\$289.00	5100	\$ 577.00
HEALTH REST SIMPLE	<\$25K	5166	\$225.00	5172	\$225.00	5107	\$ 449.00
HEALTH REST COMPLEX	\$25K - \$99K	5139	\$579.00	5131	\$579.00	5114	\$ 1,158.00
HEALTH REST MODERATE	\$25K - \$99K	5140	\$422.00	5132	\$422.00	5113	\$ 844.00
HEALTH REST SIMPLE	\$25K - \$99K	5141	\$306.00	5133	\$306.00	5112	\$ 612.00
HEALTH REST COMPLEX	\$100K - \$499K	5142	\$700.00	5134	\$700.00	5102	\$ 1,400.00
HEALTH REST MODERATE	\$100K - \$499K	5143	\$505.00	5135	\$505.00	5101	\$ 1,010.00
HEALTH REST SIMPLE	\$100K - \$499K	5144	\$370.00	5136	\$370.00	5105	\$ 739.00
HEALTH REST COMPLEX	\$500K - \$999K	5147	\$808.00	5150	\$808.00	5104	\$ 1,616.00
HEALTH REST MODERATE	\$500K - \$999K	5148	\$569.00	5151	\$569.00	5103	\$ 1,137.00
HEALTH REST SIMPLE	\$500K - \$999K	5149	\$414.00	5152	\$414.00	5106	\$ 828.00
HEALTH REST COMPLEX	>\$1M	5167	\$927.00	5173	\$927.00	5108	\$1,854.00
HEALTH REST MODERATE	>\$1M	5168	\$665.00	5174	\$665.00	5109	\$1,329.00
HEALTH REST SIMPLE	>\$1M	5169	\$490.00	5175	\$490.00	5110	\$979.00

MOBILE BASE COMPLEX		5179	\$348.00	5182	\$348.00	5176	\$696.00	
MOBILE BASE MODERATE		5180	\$254.00	5183	\$254.00	5177	\$507.00	
MOBILE BASE SIMPLE		5181	\$215.00	5184	\$215.00	5178	\$430.00	
		Total		Total		Total Plan/Pre-insp		➔

HEALTH DEPARTMENT NOTSERVING MEALS RETAIL FOOD ESTABLISHMENT LICENSE FEES

LICENSE TYPE	DESC	PLAN REV CODE	PLAN REV FEE	PRE-INSP CODE	PRE-INSP FEE	LIC CHGE CODE	LICENSE FEE	
RETAIL FOOD	Non-Processing (55)					5211	\$ 229.00	
RETAIL FOOD COMPLEX	<\$25K	5254	\$248.00	5269	\$248.00	5284	\$ 495.00	
RETAIL FOOD MODERATE	<\$25K	5255	\$219.00	5270	\$219.00	5226	\$ 438.00	
RETAIL FOOD SIMPLE	<\$25K	5256	\$160.00	5271	\$160.00	5227	\$ 320.00	
RETAIL FOOD COMPLEX	\$25K - \$99K	5257	\$377.00	5272	\$377.00	5228	\$ 753.00	
RETAIL FOOD MODERATE	\$25K - \$99K	5258	\$274.00	5273	\$274.00	5229	\$ 548.00	
RETAIL FOOD SIMPLE	\$25K - \$99K	5259	\$261.00	5274	\$261.00	5230	\$ 522.00	
RETAIL FOOD COMPLEX	\$100K - \$499K	5260	\$491.00	5275	\$491.00	5231	\$ 981.00	
RETAIL FOOD MODERATE	\$100K - \$499K	5261	\$354.00	5276	\$354.00	5232	\$ 707.00	
RETAIL FOOD SIMPLE	\$100K - \$499K	5262	\$333.00	5277	\$333.00	5233	\$ 666.00	
RETAIL FOOD COMPLEX	\$500K - \$999K	5263	\$606.00	5278	\$606.00	5234	\$ 1,212.00	
RETAIL FOOD MODERATE	\$500K - \$999K	5264	\$427.00	5279	\$427.00	5235	\$ 853.00	
RETAIL FOOD SIMPLE	\$500K - \$999K	5265	\$393.00	5280	\$393.00	5236	\$ 786.00	
RETAIL FOOD COMPLEX	>1M	5266	\$830.00	5281	\$830.00	5237	\$ 1,659.00	
RETAIL FOOD MODERATE	>1M	5267	\$588.00	5282	\$588.00	5238	\$ 1,175.00	
RETAIL FOOD SIMPLE	>1M	5268	\$424.00	5283	\$424.00	5239	\$ 847.00	
		Total		Total		Total Plan/Pre-insp.		➔
							TOTAL	

Applicant must contact the inspectors **AT LEAST 3 DAYS IN ADVANCE** to schedule inspections and obtain signatures. All fees are to be paid when applying, online payments can be made at: www.eauclairewi.gov/payments. Please return this completed form with all signatures to the City Hall Licensing Office to obtain license.

Inspector	Phone	Signature	Date
Health Inspector	715-839-4718		
Fire Inspector	715-839-4825		
Electric Inspector	715-839-4947		
Building Inspector	715-839-4947		
Plumbing Inspector	715-839-4947		

HEALTH DEPARTMENT PREINSPECTION FEE POLICY: The total preinspection fee for issuing multiple permits within the same establishment under the operation of the same operator/legal owner shall be determined by using the largest preinspection fee and assessing 75% of the preinspection fee of any additional permit(s).