

COMPARABLE COMPLIANCE TO ANSI STANDARDS APPLICATION
State of Wisconsin Food Equipment Committee

Date _____

Applicant Information

Applicant Name _____

Doing Business As _____

Mailing Address _____

City _____

State _____

Zip _____

Telephone (Include area code) _____

E-mail _____

Cell Phone(Include area code) _____

Equipment Information

Type _____

Brand _____

Model _____

Name of Establishment where equipment will be located _____

Address _____

City _____

State _____

Zip _____

Telephone (Include area code) _____

Existing Facility _____

New Facility _____

Change of Ownership _____

Licensed by :

Department of Agriculture, Trade and
Consumer Protection

Department of Health Services

Local Health Department

Supporting Materials Included

Specification sheets

Operator's Manual

Pictures

Other _____

Brochure

Describe all intended uses of the equipment. Include information such as menu items, volume and how it is going to be used. (Please be specific)

SIGNATURE - Inspector/Sanitarian (if applicable)	SIGNATURE - Applicant
Print Name Inspector/Sanitarian	Print Name Applicant

Submit a completed copy of this application form along with a copy of the supporting materials to:

Food Safety and Recreational Licensing
1 West Wilson Street, Room 150
P.O. Box 2659
Madison, WI 53701
DHSFSRLgroup@wisconsin.gov

or

Department of Agriculture, Trade and Consumer
Protection
PO Box 8911
Madison, WI 53708
Datcpfoodscentists@wisconsin.gov

All applications will be reviewed within 30 days from the time of receipt of a complete application