



JUNEAU COUNTY HEALTH DEPARTMENT APPLICATION FOR LODGING PERMIT

*Your partners for
a healthy
community*

In accordance with Juneau County Public Health Ordinance #11B, I do hereby make application to the Juneau County Health Department for an operating permit for the license year July 1, 2024 to June 30, 2025. **Operating in any part of the fiscal year requires a permit.** Inspection and licensing services are being provided by the Wood County Health Department.

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____	
Establishment Address _____	City _____ Zip _____
Establishment Phone _____	
Owner Name _____ (List the individual, partnership, or corporation name and the agent)	
Owner email _____	Owner Phone _____
Owner Address _____	City _____ Zip _____
Management Name _____	
Management Address _____	City _____ Zip _____
Management Phone _____	Email _____
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment <input type="checkbox"/> Management	
Signature of Applicant _____	Date _____

- OVER -

Lodging

Number of Rooms

- Hotel/Motel 5-30 Rooms
- Hotel/Motel 31-99 Rooms
- Hotel/Motel 100-199 Rooms
- Hotel/Motel 200 + Rooms
- Tourist Rooming House*
- Bed and Breakfast

Pre-Licensing Insp Fee

\$200.00
 \$300.00
 \$400.00
 \$500.00
 \$150.00
 \$150.00

License Fee

\$266.00
 \$366.00
 \$461.00
 \$631.00
 \$250.00
 \$250.00

Total Lodging

\$ _____

***For Tourist Rooming House licensees, what is your preferred month for yearly inspections?**

March

October

If owner/property manager does not live onsite, please provide Environmental Health Staff any helpful information to use to access property for yearly inspections (i.e. Key Code, Hidden Key location, etc.)

Note: Property owner associations/towns/villages etc. have the right to establish covenants and restrictions to regulate short term rentals. A Short-Term Rental License does not void or override those regulations. Please contact your respective property owners association/town/village etc. for information related to any restriction on short term rental use of your property.

Water Supply

Private

Public

*If you have a private well, do you have a water treatment system (RO, etc.)

Yes

No

If yes, do you prefer: Raw water tested Treated water tested Both (additional fees would apply)

Annual Water Testing Fee Per Well

\$ 50.00

(If on a private well, bacteria and nitrate only)

Additional charges may apply for repeat sampling.

OTHER FEES

- NSF Fee (includes account closed or check non-payable) \$150.00
- Operating without a License Double License Fee
- No Certified Operator ... will be given 30-day warning for first offense \$150.00
- Special Inspection \$175.00
- Duplicate Permit \$ 20.00
- Re-inspection Fee (\$200.00 for each additional repeat inspection) \$ 100.00

Total of Other Fees Due

\$ _____

Pre-Licensing Insp. Fee	License Fee	Other Fees (if applicable)	Total Fees
\$ _____	\$ _____	\$ _____	\$ _____
+	+	=	

Forward completed application and fee to:

Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department

Attn: Environmental Health

111 W Jackson Street

Wisconsin Rapids WI 54495

Make check or money order payable to: **Wood County Health Department**