



**ADAMS COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT  
APPLICATION FOR  
SPECIAL EVENT CAMPGROUND PERMIT**

*Preserving & strengthening  
individuals, families and the  
community*

In accordance with Adams County Public Health Ordinance #20-16, I do hereby make application to the Adams County Health and Human Services Department for an operating permit for the license year July 1, 2025 to June 30, 2026. Inspection and licensing services are provided by Wood County Health Department. **Operating in any part of the fiscal year requires a permit.**

**PERMITS ARE NOT TRANSFERABLE**

Establishment Name \_\_\_\_\_

Establishment Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ email \_\_\_\_\_

(List the individual, partnership, or corporation name and the agent)

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred mailing address for license and correspondence: ☐ Owner ☐ Establishment

Phone: Establishment \_\_\_\_\_ Home \_\_\_\_\_ (if applicable)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Special Event Campgrounds**

**Number of Sites**

- |  |          |
|--|----------|
| <input type="checkbox"/> 1-25 Sites    | \$100.00 |
| <input type="checkbox"/> 26-50 Sites   | \$322.00 |
| <input type="checkbox"/> 51-100 Sites  | \$398.00 |
| <input type="checkbox"/> 101-199 Sites | \$461.00 |
| <input type="checkbox"/> 200 + Sites   | \$530.00 |

**Total Campgrounds** \$ \_\_\_\_\_

License Fees		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**