



# JUNEAU COUNTY HEALTH DEPARTMENT

## APPLICATION FOR SPECIAL EVENT CAMPGROUND 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, 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: <input type="checkbox"/> Owner <input type="checkbox"/> 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**