



WOOD COUNTY HEALTH DEPARTMENT

APPLICATION FOR CAMPGROUND PERMIT

*Maximizing quality of
life across the lifespan*

In accordance with Wood County Ordinance 301 and Chapters 254 and 97, Wisconsin Statutes, I do hereby make application to the Wood County Health Department for an operating permit for the license year July 1, 2025 to June 30, 2026. **Operating in any part of the fiscal year requires a permit.**

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 -

Campgrounds

Number of Sites

	Pre-Licensing Insp Fee	License Fee
<input type="checkbox"/> 1-25 Sites	\$125.00	\$228.00
<input type="checkbox"/> 26-50 Sites	\$150.00	\$322.00
<input type="checkbox"/> 51-100 Sites	\$175.00	\$398.00
<input type="checkbox"/> 101-199 Sites	\$200.00	\$461.00
<input type="checkbox"/> 200 + Sites	\$225.00	\$530.00

Total Campgrounds

\$_____

Water Supply

☐ Private

☐ Public

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

<input type="checkbox"/> NSF Fee (includes account closed or check non-payable)	\$150.00
<input type="checkbox"/> Operating without a License	Double License Fee
<input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense	\$150.00
<input type="checkbox"/> Special Inspection	\$175.00
<input type="checkbox"/> Duplicate Permit	\$ 20.00
<input type="checkbox"/> 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:

Wood County Health Department

Attn: Environmental Health

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

111 W Jackson Street

Wisconsin Rapids WI 54495

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