



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, 2026 to June 30, 2027. 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**