



# JUNEAU COUNTY HEALTH DEPARTMENT APPLICATION FOR 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, 2026 to June 30, 2027. **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 -

**Campgrounds**

Number of Sites	Pre-Licensing Insp Fee	License Fee
<input type="checkbox"/> 1-25 Sites	\$175.00	\$262.00
<input type="checkbox"/> 26-50 Sites	\$225.00	\$370.00
<input type="checkbox"/> 51-100 Sites	\$275.00	\$458.00
<input type="checkbox"/> 101-199 Sites	\$325.00	\$530.00
<input type="checkbox"/> 200 + Sites	\$375.00	\$610.00
<b>Total Campgrounds</b>		\$ _____

**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)	\$75.00
<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:

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**