



**Additional Practitioners**

Name

License Number

_____	_____
_____	_____
_____	_____
_____	_____

**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          |
| <b>Total</b>  | <b>\$ _____</b>    |

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  
 111 W Jackson Street  
 Wisconsin Rapids WI 54495

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

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