



**ADAMS COUNTY HEALTH AND HUMAN
SERVICES DEPARTMENT
APPLICATION FOR
HOTEL/MOTEL 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. **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-

| Number of Rooms | Pre-Licensing Insp Fee | License Fee |
|---|-------------------------------|--------------------|
| <input type="checkbox"/> Hotel/Motel 5-30 Rooms | \$250.00 | \$403.00 |
| <input type="checkbox"/> Hotel/Motel 31-99 Rooms | \$375.00 | \$518.00 |
| <input type="checkbox"/> Hotel/Motel 100-249 Rooms | \$500.00 | \$633.00 |
| <input type="checkbox"/> Hotel/Motel 250-499 Rooms | \$625.00 | \$748.00 |
| <input type="checkbox"/> Hotel/Motel 500-749 Rooms | \$750.00 | \$863.00 |
| <input type="checkbox"/> Hotel/Motel 750-1000 Rooms | \$875.00 | \$978.00 |
| <input type="checkbox"/> Hotel/Motel 1000+ Rooms | \$1,000.00 | \$1,093.00 |

Total \$ _____ \$ _____

Water Supply Private Public
 *If you have a private well, do you have a water treatment system (RO, etc.) Yes No
 If yes, do you prefer: Raw water tested Treated water tested Both (additional fees would apply)

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

- NSF Fee (includes account closed or check non-payable) \$75.00
- Operating without a License Double License Fee
- No Certified Operator ... will be given 30-day warning for first offense \$150.00
- Special Inspection \$175.00
- Duplicate Permit \$ 20.00
- 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**