



**ADAMS COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT  
APPLICATION FOR  
TOURIST ROOMING HOUSE 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 -**

<b>Number of Keyed Units</b>	<b>Pre-Licensing Insp Fee</b>	<b>License Fee</b>
<input type="checkbox"/> Bed & Breakfast	\$200.00	\$340.00
<input type="checkbox"/> 1 Unit	\$200.00	\$340.00
<input type="checkbox"/> 2-4 Units	\$275.00	\$518.00
<input type="checkbox"/> 5-9 Units	\$350.00	\$633.00
<input type="checkbox"/> 10-19 Units	\$425.00	\$690.00
<input type="checkbox"/> 20-39 Units	\$500.00	\$805.00
<input type="checkbox"/> 40-99 Units	\$575.00	\$920.00
<input type="checkbox"/> 100-299 Units	\$650.00	\$1,035.00
<input type="checkbox"/> 300-599 Units	\$725.00	\$1,150.00
<input type="checkbox"/> 600+ Units	\$800.00	\$1,265.00
<b>Total</b>	\$ _____	\$ _____

**\*What is your preferred month for yearly inspections?**

**March**

**October**

If owner/property manager does not live onsite, please provide Environmental Health Staff any helpful information to use to access property for yearly inspections (i.e. Key Code, Hidden Key location, etc.)

Note: Property owner associations/towns/villages etc. have the right to establish covenants and restrictions to regulate short term rentals. A Short-Term Rental License does not void or override those regulations. Please contact your respective property owners association/town/village etc. for information related to any restriction on short term rental use of your property.

**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**