



WOOD COUNTY HEALTH DEPARTMENT APPLICATION FOR LODGING PERMIT

*Maximizing quality of
life across the lifespan*

In accordance with Wood County Ordinance 301 and Chapters 254 and 97, Wisconsin Statutes, I do hereby make application to the Wood 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.**

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. Fees | 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**