



WOOD COUNTY HEALTH DEPARTMENT APPLICATION FOR TOURIST ROOMING HOUSE 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 _____

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