



**ADAMS COUNTY HEALTH AND HUMAN
SERVICES DEPARTMENT
APPLICATION FOR
SPECIAL EVENT CAMPGROUND 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, 2024 to June 30, 2025. Inspection and licensing services are provided by Wood County Health Department. **Operating in any part of the fiscal year requires a permit.**

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____		
Establishment Address _____	City _____	Zip _____
Owner Name _____ email _____		
(List the individual, partnership, or corporation name and the agent)		
Owner Address _____ City _____ Zip _____		
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment		
Phone: Establishment _____ Home _____ (if applicable)		
Signature of Applicant _____		Date _____

Special Event Campgrounds

Number of Sites

- | | |
|--|----------|
| <input type="checkbox"/> 1-25 Sites | \$100.00 |
| <input type="checkbox"/> 26-50 Sites | \$322.00 |
| <input type="checkbox"/> 51-100 Sites | \$398.00 |
| <input type="checkbox"/> 101-199 Sites | \$461.00 |
| <input type="checkbox"/> 200 + Sites | \$530.00 |

Total Campgrounds _____ \$ _____

License Fees		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**