



**ADAMS COUNTY HEALTH AND HUMAN
SERVICES DEPARTMENT
APPLICATION FOR
CAMPGROUND/POOL 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, 2022 to June 30, 2023. **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 _____ | ID# _____ |
| 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 | |
| Signature of Applicant _____ | Date _____ |

- OVER -

Campgrounds

| Number of Sites | Pre-Licensing Insp Fee | License Fee |
|--|------------------------|-------------|
| <input type="checkbox"/> 1-25 Sites | \$125.00 | \$198.00 |
| <input type="checkbox"/> 26-50 Sites | \$150.00 | \$280.00 |
| <input type="checkbox"/> 51-100 Sites | \$175.00 | \$346.00 |
| <input type="checkbox"/> 101-199 Sites | \$200.00 | \$401.00 |
| <input type="checkbox"/> 200 + Sites | \$225.00 | \$461.00 |
| Total Campgrounds | | \$ _____ |

Recreational and Educational Camps

\$250.00 \$566.00

Certified Food Protection Manager _____

Swimming Pools and Whirlpools Number of Pools _____

| | Pre-Licensing Insp Fee | License Fee |
|---|------------------------|-------------|
| First Pool | \$125.00 | \$205.00 |
| Each Additional Pool | \$125.00 | \$155.00 |
| Water Attractions | \$175.00 | \$180.00 |
| Water Slide or Pool Slide per basin | \$150.00 | \$155.00 |
| Water Attractions with 1-2 slides per basin | \$250.00 | \$255.00 |
| Total Pools and Water Attractions | | \$ _____ |

Water Supply

Private

Public

Annual Water Testing Fee Per Well

\$ 40.00

(If on a private well, bacteria and nitrate only)

Additional charges may apply for repeat sampling.

OTHER FEES

- | | |
|---|--------------------|
| <input type="checkbox"/> NSF Fee (includes account closed or check non-payable) | \$150.00 |
| <input type="checkbox"/> Operating without a License | Double License Fee |
| <input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense | \$150.00 |
| <input type="checkbox"/> Special Inspection | \$175.00 |
| <input type="checkbox"/> Duplicate Permit | \$ 20.00 |
| <input type="checkbox"/> Re-inspection Fee (\$200.00 for each additional repeat inspection) | \$ 50.00 |

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**