



**WOOD COUNTY HEALTH DEPARTMENT  
APPLICATION FOR  
SPECIAL EVENT CAMPGROUND  
PERMIT**

*Maximizing quality of  
life across the  
lifespan*

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

**PERMITS ARE NOT TRANSFERABLE**

Establishment Name _____	ID# _____
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   | \$280.00 |
| <input type="checkbox"/> 51-100 Sites  | \$346.00 |
| <input type="checkbox"/> 101-199 Sites | \$401.00 |
| <input type="checkbox"/> 200 + Sites   | \$461.00 |

**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**