



**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, 2023 to June 30, 2024. 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**

- 1-25 Sites \$100.00
- 26-50 Sites \$322.00
- 51-100 Sites \$398.00
- 101-199 Sites \$461.00
- 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**