



PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

412 West Kinne Street, P O Box 238

Ellsworth, Wisconsin 54011

(715) 273-6755 PHONE (715) 273-6854 FAX

PUBLIC LODGING PERMIT APPLICATION

PLEASE CHECK ONE: New Establishment Change in Ownership Name Change Only Duplicate License

Establishment Name			
Establishment Address	STREET		
	CITY	STATE	ZIP
Establishment Telephone	()		
Legal Licensee Name			
Licensee Address	STREET		
	CITY	STATE	ZIP
Licensee Telephone	()		
Email address			
Primary Contact	NAME	PHONE NUMBER	
Secondary Contact	NAME	PHONE NUMBER	
Previous Establishment Name			

A pre-inspection Must Be completed prior to operating.

HOTEL/MOTEL:	TOURIST ROOMING HOUSE:	BED AND BREAKFAST:
Number of Rooms: _____ <u>5-30 Rooms</u> <input type="checkbox"/> \$ 319 – Pre-inspection <input type="checkbox"/> \$ 369 – Pre-inspection New Construction <input type="checkbox"/> \$ 264 – Annual Permit <u>31-99 Rooms</u> <input type="checkbox"/> \$ 370 – Pre-inspection <input type="checkbox"/> \$ 419 – Pre-inspection New Construction <input type="checkbox"/> \$ 308 – Annual Permit <u>100 -199 Rooms</u> <input type="checkbox"/> \$ 531 – Pre-inspection <input type="checkbox"/> \$ 581 – Pre-inspection New Construction <input type="checkbox"/> \$ 409 – Annual Permit <u>200+ Rooms</u> <input type="checkbox"/> \$ 696 – Pre-inspection <input type="checkbox"/> \$ 746 – Pre-inspection New Construction <input type="checkbox"/> \$ 614 – Annual Permit	Number of Rooms: _____ <u>1-4 Rooms</u> <input type="checkbox"/> \$ 253 – Pre-inspection <input type="checkbox"/> \$ 303 – Pre-inspection New Construction <input type="checkbox"/> \$ 172 – Annual Permit	Number of Rooms: _____ <u>8 or Less Rooms</u> <input type="checkbox"/> \$ 277 – Pre-inspection <input type="checkbox"/> \$ 327 – Pre-inspection New Construction <input type="checkbox"/> \$ 172 – Annual Permit

MISCELLANEOUS:

\$250-Late Fee \$100-Consultation Fee \$100-Plan Review \$25-Name Change \$15-Duplicate License

Make check payable to Pierce County Public Health Department and mail to above address.

Water Public Private **Septic** Public Private

Intended Opening Date: _____ / _____ / _____

When is your facility open for business? Year Round Winter Summer

Planned hours of operation?

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

PLEASE READ CAREFULLY BEFORE SIGNING

Information requested on this application must be provided to obtain a permit. Operating without a permit is a violation of Wisconsin Law. Permits are not transferable between persons or locations, except to an immediate family member. **Permits are valid July 1 – June 30 the following year.** Permit fees are not prorated for partial license years. Pierce County Public Health Department may inspect premises at any reasonable time. Missing information may delay the issuance of your permit. You are not permitted to operate until Pierce County Public Health Department conducts an inspection. The undersigned hereby certifies that this is a true, complete and accurate application for the establishment permit under Wis. Stat. 97.30.

*All facilities shall have an inspection annually.

*All facilities on a private well shall conduct an annual water bacteriological test. Results shall be submitted to Pierce County Public Health Department when received.

*Note: Permit renewal payments not received by **July 15th** will be charged a **\$250** late fee.

SIGNATURE OF LICENSEE OR AGENT

TITLE

DATE