



**PIERCE COUNTY PUBLIC HEALTH DEPARTMENT**  
 412 West Kinne Street, P O Box 238  
 Ellsworth, Wisconsin 54011  
 (715) 273-6755 PHONE (715) 273-6854 FAX

|                             |       |
|-----------------------------|-------|
| <b>For Office Use Only:</b> |       |
| ID Number                   | _____ |
| Check Number                | _____ |
| Permit Number               | _____ |
| Date                        | _____ |
| Initials                    | _____ |

## PUBLIC LODGING & RECREATIONAL FACILITY PERMIT APPLICATION

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

|                                    |              |                    |                       |
|------------------------------------|--------------|--------------------|-----------------------|
| <b>Establishment Name</b>          | _____        |                    |                       |
| <b>Establishment Address</b>       | STREET _____ |                    |                       |
| <b>Establishment Telephone</b>     | (    ) _____ | CITY _____         | STATE _____ ZIP _____ |
| <b>Legal Licensee Name</b>         | _____        |                    |                       |
| <b>Licensee Address</b>            | STREET _____ |                    |                       |
| <b>Licensee Telephone</b>          | (    ) _____ | CITY _____         | STATE _____ ZIP _____ |
| <b>Primary Contact</b>             | NAME _____   | PHONE NUMBER _____ |                       |
| <b>Secondary Contact</b>           | NAME _____   | PHONE NUMBER _____ |                       |
| <b>Previous Establishment Name</b> | _____        |                    |                       |
| <b>Email Address:</b>              | _____        |                    |                       |

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

| HOTEL/MOTEL:   | SWIMMING POOL:  | RECREATIONAL-EDUCATIONAL CAMP:  |
|--|---|---|
| <b>Number of Rooms:</b> _____<br><u>5-30 Rooms</u><br><input type="checkbox"/> \$ 319 – Pre-inspection<br><input type="checkbox"/> \$ 369 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 264 – Annual Permit<br><u>31-99 Rooms</u><br><input type="checkbox"/> \$ 370 – Pre-inspection<br><input type="checkbox"/> \$ 419 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 308 – Annual Permit<br><u>100 -199 Rooms</u><br><input type="checkbox"/> \$ 531 – Pre-inspection<br><input type="checkbox"/> \$ 581 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 409 – Annual Permit<br><u>200+ Rooms</u><br><input type="checkbox"/> \$ 696 – Pre-inspection<br><input type="checkbox"/> \$ 746 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 614 – Annual Permit | <input type="checkbox"/> \$ 254 – Pre-inspection<br><input type="checkbox"/> \$ 304 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 254 – Annual Permit<br><b>POOL SLIDE</b><br>Number of slides: _____<br><input type="checkbox"/> \$ 165 Annual permit per slide<br><b>Water Attraction</b><br>No Water Slide<br><input type="checkbox"/> \$ 238 – Annual Permit<br>With 1 - 2 Water Slides<br><input type="checkbox"/> \$ 343 – Annual Permit<br>Additional Water Slide<br><input type="checkbox"/> \$ 205 Annual permit (per additional slide) | <input type="checkbox"/> \$ 531 – Pre-inspection<br><input type="checkbox"/> \$ 581 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 556 – Annual Permit<br><b>CAMPGROUND/ CAMP RESORT:</b><br><b>Number of Sites:</b> _____<br><u>1-25 Sites</u><br><input type="checkbox"/> \$ 304 - Pre-inspection<br><input type="checkbox"/> \$ 353 - Pre-inspection New Construction<br><input type="checkbox"/> \$ 193 - Annual Permit<br><u>26-50 Sites</u><br><input type="checkbox"/> \$ 367 - Pre-inspection<br><input type="checkbox"/> \$ 417 - Pre-inspection New Construction<br><input type="checkbox"/> \$ 275 - Annual Permit<br><u>51-100 Sites</u><br><input type="checkbox"/> \$ 418 - Pre-inspection<br><input type="checkbox"/> \$ 468 - Pre-inspection New Construction<br><input type="checkbox"/> \$ 336 - Annual Permit<br><u>101-199 Sites</u><br><input type="checkbox"/> \$ 468 - Pre-inspection<br><input type="checkbox"/> \$ 517 - Pre-inspection New Construction<br><input type="checkbox"/> \$ 391 - Annual Permit<br><u>200+ Sites</u><br><input type="checkbox"/> \$ 528 - Pre-inspection<br><input type="checkbox"/> \$ 578 - Pre-inspection New Construction<br><input type="checkbox"/> \$ 451 - Annual Permit |
| TOURIST ROOMING HOUSE:   | BED AND BREAKFAST:  |   |
| <b>Number of Rooms:</b> _____<br><u>1-4 Rooms</u><br><input type="checkbox"/> \$ 253 – Pre-inspection<br><input type="checkbox"/> \$ 303 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 172 – Annual Permit  | <b>Number of Rooms:</b> _____<br><u>8 or Less Rooms</u><br><input type="checkbox"/> \$ 277 – Pre-inspection<br><input type="checkbox"/> \$ 327 – Pre-inspection New Construction<br><input type="checkbox"/> \$ 172 – Annual Permit   |   |
| MISCELLANEOUS:   |   |   |
| <input type="checkbox"/> \$ 100 – Late Fee <input type="checkbox"/> \$ 15 - Duplicate License <input type="checkbox"/> \$ 25 - Name Change Only <input type="checkbox"/> \$ 100 - Consultation Fee <input type="checkbox"/> \$ 100 - Plan Review Fee   |   |   |

**Water**  Public  Private      **Septic**  Public  Private

**Intended Opening Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **When is your facility open for business?**  Year Round  Winter  Summer

**Planned hrs of operation?** Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Note: Applications & fees must be submitted at least 15 days prior to operation or a \$100 late fee may apply.**

YOUR SIGNATURE BELOW WILL ACKNOWLEDGE THAT YOU HAVE RECEIVED A COPY OF THE CODE OR INFORMATION AS TO WHERE TO OBTAIN A COPY AND WILL COMPLY WITH ALL APPLICABLE WISCONSIN ADMINISTRATIVE CODE(S).

SIGNATURE OF LICENSEE OR AGENT \_\_\_\_\_ TITLE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**A pre-inspection Must Be completed prior to operating.**