



PIERCE COUNTY PUBLIC HEALTH DEPARTMENT

412 West Kinne Street, P O Box 238
Ellsworth, Wisconsin 54011
(715) 273-6755, (715) 273-6854 FAX

For Office Use Only:

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

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			

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

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

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.