



Florence County Health Department

501 Lake Ave PO Box 410 Florence, Wisconsin 54121 715-528-4837
A.Seibold, RN, MS Health Officer/Director



Lodging & Recreational Facility License Application

Wis. Stat. ch. § 97

To receive a license, send the completed application and fee(s), **check or money order, payable to the FLORENCE COUNTY HEALTH DEPARTMENT**, to the above address. Incomplete information may delay processing your application. Type or Print Only.

Application is for: New Establishment Change in Ownership Other, please specify _____

Establishment Name		County
Establishment Street Address, City, State and Zip Code		Establishment Telephone ()
Legal Licensee (name of sole proprietor, LLC, INC. etc.)		Email Address
Legal Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)		Intended Date of Opening for Business
Name of Former Business	Name of Former Operator	ID No.

Check appropriate category for each of the following section.

LODGING (Number of Individual Keyed Units)

	Annual License Fee + Pre-inspection Fee	= Initial Opening Fee	
<input type="checkbox"/> Tourist Rooming House (1-4 rooms) (Airbnb, VRBO, etc.)	(\$ 190.00 License fee + \$320.00 Pre-inspection fee)	\$ 510.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (5-30 rooms)	(\$ 245.00 License fee + \$510.00 Pre-inspection fee)	\$ 755.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (31-99 rooms)	(\$ 330.00 License fee + \$705.00 Pre-inspection fee)	\$ 1,035.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (100-199 rooms)	(\$ 425.00 License fee + \$845.00 Pre-inspection fee)	\$ 1,270.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (200+ rooms)	(\$ 580.00 License fee + \$1,260.00 Pre-inspection fee)	\$ 1,840.00	_____
<input type="checkbox"/> Bed & Breakfast	(\$ 130.00 License fee + \$310.00 Pre-inspection fee)	\$ 440.00	_____

Hotel/Motel operator, please advise us as to which you want to be classified as: Hotel Motel

If a lodging facility, do you have food service for tourists, transients or guests on your premises? Yes No

Lodging on a private well will require an annual bacteria and nitrate water sample: \$80 (FCHD staff can collect the sample)

CAMPGROUND

	Annual License Fee + Pre-inspection Fee	= Initial Opening Fee	# of Sites
<input type="checkbox"/> Campground (1-25 sites)	(\$ 205.00 License fee + \$400.00 Pre-inspection fee)	\$ 605.00	_____
<input type="checkbox"/> Campground (26-50 sites)	(\$ 300.00 License fee + \$600.00 Pre-inspection fee)	\$ 900.00	_____
<input type="checkbox"/> Campground (51-100 sites)	(\$ 360.00 License fee + \$740.00 Pre-inspection fee)	\$ 1,100.00	_____
<input type="checkbox"/> Campground (101-199 sites)	(\$ 425.00 License fee + \$880.00 Pre-inspection fee)	\$ 1,305.00	_____
<input type="checkbox"/> Campground (200+ sites)	(\$ 490.00 License fee + \$1,095.00 Pre-inspection fee)	\$ 1,515.00	_____

Campground facility- do you have food service for patrons? Yes No

**Layout and campground plan approval application must be submitted either prior to or with this application.*

Campgrounds on a private well will require an annual bacteriological water sample: \$40 (FCHD staff can collect the sample)

RECREATIONAL & EDUCATIONAL CAMP

	Annual License Fee + Pre-inspection Fee	= Initial Opening Fee
<input type="checkbox"/> Recreational Education Camp	(\$565.00 License fee) + \$1,200 Pre-Inspection Fee	\$1,765.00

Total capacity of camp (maximum number of persons accommodated at one time): _____

Camps on a private well will require an annual bacteriological water sample: \$40 (FCHD staff can collect the sample)

SWIMMING POOLS (per pool)

Type of Pool: check appropriate box and indicate the number of each type of pool on the property:

	Number of pools:	Annual License Fee	+	Pre-inspection Fee	=	Initial Opening Fee
<input type="checkbox"/> Simple Pool	_____	(\$ 210.00 License fee	+	\$210.00 Pre-inspection fee)		\$ 420.00
<input type="checkbox"/> Simple with Features	_____	(\$ 350.00 License fee	+	\$350.00 Pre-inspection fee)		\$ 700.00
<input type="checkbox"/> Moderate Pool	_____	(\$ 320.00 License fee	+	\$320.00 Pre-inspection fee)		\$ 640.00
<input type="checkbox"/> Moderate with Features	_____	(\$ 455.00 License fee	+	\$455.00 Pre-inspection fee)		\$ 910.00
<input type="checkbox"/> Complex Pool	_____	(\$ 400.00 License fee	+	\$400.00 Pre-inspection fee)		\$ 800.00
<input type="checkbox"/> Complex with Features	_____	(\$ 535.00 License fee	+	\$535.00 Pre-inspection fee)		\$ 1,070.00

Pools on a private well will require an annual bacteriological water sample: \$40 (FCHD staff can collect the sample)

****Department of Safety & Professional Services (DSPS) Plan Approval is Required for New/Altered/Modified Pools.***

Check the appropriate box indicating when the business is in operation:

Year Round Winter Summer

Please indicate hours your establishment is open:

Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

Information requested on this application must be provided to obtain a recreational establishment license. Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat § 15.04 (1)(m). Licenses are not transferable between persons or locations. Licenses expire annually on June 30th; unless issued after April 1st, which will expire on June 30th of the following year. A late fee will apply to establishments that fail to meet license renewal deadline. The license fee is not prorated for partial license years.

A license shall not be issued and you are not authorized to operate without a pre-inspection.

An operating without a license fee will be issued for all facilities that are operating without a current license. A re-inspection fee will be assessed based on the license category for any required re-inspection.

Within **30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial.

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- APPLICANT

DATE SIGNED

Total Amount Enclosed: \$ _____

Note: Please check with your local municipality regarding Zoning or other land use restrictions.