



Florence County Health Department

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



Special Event Campground 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

Choose One: Plan Review Required (new or remodel) No Plan Review (existing facility)

Event Name	County
Event Street Address, City, State and Zip Code	Event Contact Telephone ()
Legal Entity (name of sole proprietor, LLC, INC. etc.)	Email Address
Legal Entity Street Address, City, State and Zip Code	Legal Entity Telephone ()
Name of Former Business (if applicable)	

EVENT INFORMATION

Date and duration of event:	Total number of campsites:
Estimated number of campers (Number of campsites x 6):	Area of land for intended use of campground:
Water supply (check one): Municipal <input type="checkbox"/> Private Well <input type="checkbox"/>	Garbage containers (Indicate number amount):

WASTEWATER: Numbers to be provided.	PORTABLE TOILETS	FLUSH TOILETS
Required water closets - males: 1 per 125	Number of males:	Number of males:
Required water closets - females: 1 per 65	Number of females:	Number of females:
Required lavatories - 1 per 200	Number of lavatories:	Number of hand wash sinks:

LICENSE FEES

	License Fee	# of Sites
<input type="checkbox"/> Campground (1-25 sites)	\$ 175.00	_____
<input type="checkbox"/> Campground (26-50 sites)	\$ 250.00	_____
<input type="checkbox"/> Campground (51-100 sites)	\$ 305.00	_____
<input type="checkbox"/> Campground (101-199 sites)	\$ 355.00	_____
<input type="checkbox"/> Campground (200+ sites)	\$ 410.00	_____

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)

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

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: It is required to check with your local municipality regarding Zoning or other land use restrictions. 715-528-3206