



**WOOD COUNTY HEALTH DEPARTMENT
APPLICATION FOR
SPECIAL EVENT CAMPGROUND
PERMIT**

*Maximizing quality of
life across the
lifespan*

In accordance with Wood County Ordinance 301 and Chapter 97 and 254, Wisconsin Statutes, I do hereby make application to the Wood County Health Department for an operating permit for the license year July 1, 2024 to June 30, 2025. **Operating in any part of the fiscal year requires a permit.**

PERMITS ARE NOT TRANSFERABLE

Establishment Name _____		
Establishment Address _____	City _____	Zip _____
Owner Name _____ email _____		
(List the individual, partnership, or corporation name and the agent)		
Owner Address _____ City _____ Zip _____		
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment		
Phone: Establishment _____ Home _____ (if applicable)		
Signature of Applicant _____		Date _____

Special Event Campgrounds

Number of Sites

- | | |
|--|----------|
| <input type="checkbox"/> 1-25 Sites | \$100.00 |
| <input type="checkbox"/> 26-50 Sites | \$322.00 |
| <input type="checkbox"/> 51-100 Sites | \$398.00 |
| <input type="checkbox"/> 101-199 Sites | \$461.00 |
| <input type="checkbox"/> 200 + Sites | \$530.00 |

Total Campgrounds _____ \$ _____

License Fees		Total Fees
\$ _____		\$ _____

Forward completed application and fee to:

Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department
Attn: Environmental Health
111 W Jackson Street
Wisconsin Rapids WI 54495

Make check or money order payable to: **Wood County Health Department**