

## 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.)	(\$ 185.00 License fee + \$310.00 Pre-inspection fee)	\$ 495.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (5-30 rooms)	(\$ 235.00 License fee + \$495.00 Pre-inspection fee)	\$ 730.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (31-99 rooms)	(\$ 320.00 License fee + \$685.00 Pre-inspection fee)	\$ 1,005.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (100-199 rooms)	(\$ 410.00 License fee + \$820.00 Pre-inspection fee)	\$ 1,230.00	_____
<input type="checkbox"/> Hotel / Motel / Resort (200+ rooms)	(\$ 565.00 License fee + \$1,220.00 Pre-inspection fee)	\$ 1,785.00	_____
<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 bacteriological water sample: \$35 (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)	(\$ 200.00 License fee + \$390.00 Pre-inspection fee)	\$ 590.00	_____
<input type="checkbox"/> Campground (26-50 sites)	(\$ 290.00 License fee + \$580.00 Pre-inspection fee)	\$ 870.00	_____
<input type="checkbox"/> Campground (51-100 sites)	(\$ 350.00 License fee + \$720.00 Pre-inspection fee)	\$ 1,070.00	_____
<input type="checkbox"/> Campground (101-199 sites)	(\$ 410.00 License fee + \$855.00 Pre-inspection fee)	\$ 1,265.00	_____
<input type="checkbox"/> Campground (200+ sites)	(\$ 475.00 License fee + \$995.00 Pre-inspection fee)	\$ 1,470.00	_____

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: \$35 (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: \$35 (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:	<u>Annual License Fee</u>	+	<u>Pre-inspection Fee</u>	=	<u>Initial Opening Fee</u>
<input type="checkbox"/> Simple Pool	_____	(\$ 205.00 License fee	+	\$205.00 Pre-inspection fee)		<b>\$ 410.00</b>
<input type="checkbox"/> Simple with Features	_____	(\$ 340.00 License fee	+	\$340.00 Pre-inspection fee)		<b>\$ 680.00</b>
<input type="checkbox"/> Moderate Pool	_____	(\$ 310.00 License fee	+	\$310.00 Pre-inspection fee)		<b>\$ 620.00</b>
<input type="checkbox"/> Moderate with Features	_____	(\$ 440.00 License fee	+	\$440.00 Pre-inspection fee)		<b>\$ 880.00</b>
<input type="checkbox"/> Complex Pool	_____	(\$ 385.00 License fee	+	\$385.00 Pre-inspection fee)		<b>\$ 770.00</b>
<input type="checkbox"/> Complex with Features	_____	(\$ 520.00 License fee	+	\$520.00 Pre-inspection fee)		<b>\$ 1,040.00</b>

**Pools on a private well will require an annual bacteriological water sample: \$35 (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 30<sup>th</sup>; unless issued after April 1<sup>st</sup>, which will expire on June 30<sup>th</sup> 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.