**TREMPEALEAU COUNTY PUBLIC HEALTH**
36245 Main Street, PO Box 67
Whitehall, WI 54773
(715) 538-2311 X220 (715) 538-4861 Fax

**For Office Use Only:**
ID Number _____
Previous Name _____
Check Number _____
Date _____
Initials _____

# PUBLIC LODGING & RECREATIONAL FACILITY PERMIT APPLICATION

**PLEASE CHECK ONE:** ☐ New Establishment ☐ Change in Ownership ☐ Duplicate License

**NAME OF FACILITY** _____ **FACILITY TELEPHONE NO.** _____ (Area Code) (Phone Number)

**LOCATION OF FACILITY** _____
(Address) (City) (State) (Zip Code)

**NAME OF LEGAL LICENSEE** _____ **TELEPHONE NO.** _____
(Individual, firm, corporation, society, institution, public body, or any other entity.) (Area Code) (Phone Number)

**LICENSEE ADDRESS** _____ **EMAIL** _____
(If same location as "*2. Location of Facility*" above, then enter, "**same**")

**Make check payable to Trempealeau County Public Health and mail to above address.**

**HOTEL/MOTEL:**

**Number of Rooms:** _____

5-30 Rooms
☐ $ 275 – Pre-inspection
☐ $ 225 – Annual Permit

31-99 Rooms
☐ $ 425 – Pre-inspection
☐ $ 310 – Annual Permit

100 -199 Rooms
☐ $ 600 – Pre-inspection
☐ $ 390 – Annual Permit

200+ Rooms
☐ $ 800 – Pre-inspection
☐ $ 540 – Annual Permit

**TOURIST ROOMING HOUSE:**

**Number of Rooms:** _____

1-4 Rooms
☐ $ 225 – Pre-inspection
☐ $ 120 – Annual Permit

**PUBLIC POOL:**
☐ $ 150 – Pre-inspection
☐ $ 230 – Annual Permit

**WATER ATTRACTIONS:**

No Water Slide
☐ $ 260 – Annual Permit

With 1 - 2 Water Slides
☐ $ 300 – Annual Permit

Additional Water Slide
☐ $165 Annual permit
(per slide, in excess of 2)

**BED AND BREAKFAST:**

**Number of Rooms:** _____

8 or Less Rooms
☐ $ 225 – Pre-inspection
☐ $ 120 – Annual Permit

**RECREATIONAL-EDUCATIONAL CAMP:**
☐ $ 800 – Pre-inspection
☐ $ 555 – Annual Permit

**CAMPGROUNDS:**

**Number of Sites:** _____

1-25 Sites
☐ $ 300 - Pre-inspection
☐ $ 195 - Annual Permit

26-50 Sites
☐ $ 375 - Pre-inspection
☐ $ 275 - Annual Permit

51-100 Sites
☐ $ 500 - Pre-inspection
☐ $ 335 - Annual Permit

101-199 Sites
☐ $ 625 - Pre-inspection
☐ $ 390 - Annual Permit

200+ Sites
☐ $ 750 - Pre-inspection
☐ $ 450 - Annual Permit

**TATTOO & BODY PIERCING:**
☐ $ 255 - Pre-inspection (Tattoo or Body)
☐ $ 150 - Tattoo or Body Piercing
☐ $ 350- Pre-inspection (Combined)
☐ $ 240 - Tattoo and Body Piercing
☐ $ 115 - Tattoo or Body Piercing Temp
☐ $ 115 - Tattoo and Body Piercing Temp.

**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** _____

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**

Within 30 days after receiving a complete application for a permit, the department or its agent shall either approve the application and issue a permit or deny the application. If the application for a permit is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A permit shall not be issued to an operator without prior inspection. Permit will be issued according to: Chapter 254.47 (5) and 254.64 (1) (c), Stats., Chapter 254.47 (1), Stats., Chapter 254.64 (1) (a), Stats., Chapter 254.47 (4) and Chapter 254.64 (5), Stats.