

## SHEBOYGAN COUNTY RECREATIONAL LICENSE APPLICATION



ESTABLISHMENT / DBA INFORMATION:								
ESTABLISHMENT / DBA NAME:				C	COUNTY:			
ESTABLISHMENT STREET ADDRESS:		CITY:			S <sup>-</sup>	TATE:	ZIP:	
EMAIL ADDRESS:				Es (	ESTABLISHMENT PHONE NUMBER:			
INTENDED DATE OF OPENING:								
CHOOSE ONE:								
PLAN REVIEW REQUIRED (New Construction or Remodel)	NO PLAN REVIEW (Existing Facility)							
LEGAL ENTITY INFORMATION - CHECK ONE								
			Limited Liability Co (LLC)			Limited Liability Corporation		
	Couple ooperative Partnership		Limited Partnership (LP) In what st			Partnership (LLP) tet is your entity registered?		
LEGAL ENTITY: (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)								
LEGAL ENTITY MAILING ADDRESS:	Y:	STATE:				ZIP:		
EMAIL ADDRESS:	LEGAL EN			LEGAL ENTIT	TITY PHONE NUMBER:			
	( )			-				
CONTACT INFORMATION								
CONTACT PERSON:	TITLE:		PHONE N	UMBER	: E	MAIL ADDRESS:		
SEND LICENSE TO:	WATER SOURCE		WASTEWATER:		<u> </u>			
☐ Establishment			Public					
	Legal Entity Private Private							
Please call our office at 920-459-3207 prior to submitting your application to determine the appropriate license category and required fees.								
LODGING		License Fe	o P	re-Insi	pection Fee		vidual Rental Units	
☐ Bed & Breakfast		\$175.00	<u> </u>					
		\$173.00						
☐ Tourist Rooming House ☐ Hotel / Motel / Resort (5-30 rooms)		\$325.00	+	-	\$250.00 \$250.00			
Hotel / Motel / Resort (31-99 rooms)		\$455.00	+		\$486.00			
☐ Hotel / Motel / Resort (100-199 rooms)		\$578.00	+	\$!	\$550.00			
☐ Hotel / Motel / Resort (200+ rooms)		\$607.00	+	\$!	\$550.00			
*Pre-inspection is required with a new or change of operator								
CAMPGROUND								
		License Fee P		re-Inspection Fee*		Number of Sites		
Campground (1-25 sites)		\$266.00 +			\$150.00			
☐ Campground (26-50 sites)		\$327.00	+ \$15		\$150.00			
Campground (51-100 sites)		\$380.00	+		\$150.00			
Campground (101-199 sites)		\$421.00	+		\$150.00			
☐ Campground (200+ sites)		\$478.00	+		\$150.00			
*Pre-inspection is required with a new or change of operator  Layout and plan must be submitted with application for new and remodeled campgrounds.								
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RECREATIONAL & EDUCATIONAL CAMP	License Fee Pre-Inspection Fee*						
Rec-Ed Camp - SIMPLE (with or without hospitality)	\$374.00 + \$150.00						
Rec-Ed Camp - MODERATE (with or without hospitality)	\$374.00 + \$150.00						
Rec-Ed Camp - COMPLEX (with or without hospitality)	\$374.00 + \$150.00						
Capacity of Camp (in number of persons accommodated at one time)							
*Pre-Inspection is required with a new or change of operator							
POOL	License Fee Pre-Inspection Fee						
☐ Pool - SIMPLE (with or without features)	\$350.00 + N/A						
☐ Pool - MODERATE (with or without features)	\$370.00 + N/A						
☐ Pool - COMPLEX (with or without features)	\$390.00 + N/A						
Type of Pool* (indicate the number of each type of pool on property in checkbox)							
☐ Cold Soak (below 72° F) ☐ Exercise ☐ Mobile	☐ Swimming ☐ Wading						
☐ Zero-Depth Entry ☐ Vortex ☐ Leisure	River						
☐ Interactive Play Attractions ☐ Wave ☐ Vanishing Edge ☐ Activity							
*WI Department of Safety and Professional Service plan approval required for new, altered, or modified pools							
TATTOO & BODY PIERCING ESTABLISHMENTS	<u>License Fee</u> <u>Pre-Inspection Fee*</u>						
☐ Tattoo Establishment	\$ 202.00 + \$100.00						
☐ Body Piercing Establishment	\$ 198.00 + \$100.00						
☐ Combined Tattoo / Body Piercing Establishment	\$ 309.00 + \$200.00						
☐ Temporary Tattoo Establishment	\$ 194.00 + N/A						
☐ Temporary Body Piercing Establishment	\$ 194.00 + N/A						
☐ Combined Temporary Tattoo / Body Piercing Establishment	\$ 239.00 + N/A						
*Pre-inspection is required with a new or change of operator							
State of Wisconsin Tattooist / Body Piercer ID #:	Expiration Date:						
TOTAL APPLICATION FEE DUE (license fee + pre-inspection fee): _							
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						
Within <b>30 days</b> after receiving a complete application for a license, the department or its issue a license or deny the application. If the application for a license is denied, the depareasons, in writing, for the denial. A license shall not be issued to an operator without pr	artment or its agent shall give the applicant						

SUBMIT TO: Sheboygan County Health and Human Services, Environmental Health, 1011 N 8th St, Sheboygan WI 53081 Email via: environmental.health@sheboygancounty.com