

## SHEBOYGAN COUNTY RECREATIONAL LICENSE APPLICATION



ESTABLISHMENT / DB	A INFORM	ATION:										
ESTABLISHMENT / DBA NAME:							COUNTY:					
ESTABLISHMENT STREET ADDRESS:				CITY:				STATE: ZIP				
EMAIL ADDRESS:								ESTABLISHMENT PHONE NUMBER:				
INTENDED DATE OF OPENING						-						
CHOOSE ONE:												
CHOOSE ONE:    Plan Review Required   NO Plan Review   NO Plan Review									EW			
(New Construction		(Existing Facility)										
LEGAL ENTITY INFORMATION - CHECK ONE												
☐ Individual ☐ Married							Limited Liability			Corporation		
Couple  Cooperative Partnership				Limited Partnership (LP) In what sta					ship (LLF ur entity	?		
LEGAL ENTITY: (such as name of sole proprietor, partnership, LLC, LLP, or Inc.)												
LEGAL ENTITY MAILING ADDRESS: CITY: STATE: ZIP:												
LEGAL ENTITY MAILING ADDRESS: CITY												
EMAIL ADDRESS:				LEGAL ENT				ITTY PHONE NUMBER:				
CONTACT INFORMATI	ON											
CONTACT PERSON:		TITLE:			PHONE N	IUMBER: )	_	EMAIL	ADDRES	SS:		
SEND LICENSE TO: WATER SOURCE:			RCE:	WASTEWATER:								
☐ Establishment ☐ Public ☐ Public ☐ Date of the control of the co			Public									
Legal Entity	0 450 2207		vate	our applica	ation to d	Private lotormin		opriate	licone	catogori	and required fees	
Please call our office at 920-459-3207 prior to submitting your application to determine the appropriate license category and required fees.  # of Individual												
LODGING											ntal Units	
			<u>Lic</u>	cense Fee	<u>P</u>	re-Insp	ection Fe	<u>ee*</u>	<u>Total</u>			
☐ Tourist Rooming House		\$1	72.00	+	\$2	50.00	=	\$422.	00			
☐ Bed and Breakfast		\$1	75.00	+	\$2	68.00	=	\$443.	00			
☐ Hotel / Motel / Resort (5-30 rooms)		\$3	25.00	+	\$2	50.00	=	\$575.	00			
☐ Hotel / Motel / Resort (31-99 rooms)			\$4	55.00	+	\$4	86.00	=	\$941.	00		
☐ Hotel / Motel / Resort (100-199 rooms)			s) \$5	78.00	+	\$5	50.00	=	\$1,12	8.00		
☐ Hotel / Motel / Resort (200+ rooms)			\$6	07.00	+	\$5	50.00	=	\$1,15	7.00		
*Pre-inspection is required with a new or change of operator												
CAMPGROUND												
			Lic	License Fee Pr			e-Inspection Fee* Total			<u> Total</u>	Number of Sites	
☐ Campground (1-25 sites)			\$	266.00	+ \$150.0		0	= \$416.00				
Campground (26-50 sites)			\$	327.00	+		\$150.0	\$150.00 = \$477		\$477.00		
Campground (51-100 sites)			\$	380.00	+		\$150.0	0 = \$530.		530.00		
☐ Campground (*	101-199 sit	es)	\$	421.00	+		\$150.0	0	= ;	571.00		
Campground (200+ sites)		\$	478.00	+		\$150.0	0	= ;	628.00			
				e-inspection					-	or		
Layout and plan must	: be submi	tted with ap	plication	on for nev	v and re	modele	ed campg	round	ls.			

RECREATIONAL & EDUCATIONAL CAMP	License Fee Pre-Inspection Fee* Total								
Rec-Ed Camp - SIMPLE (with or without hospitality)	\$374.00 + \$150.00 = \$524.00								
Rec-Ed Camp - MODERATE (with or without hospitality)	\$374.00 + \$150.00 = \$524.00								
Rec-Ed Camp - COMPLEX (with or without hospitality)	\$374.00 + \$150.00 = \$524.00								
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 Total								
☐ Pool - SIMPLE (with or without features)	\$350.00 + N/A \$350.00								
☐ Pool - MODERATE (with or without features)	\$370.00 + N/A \$370.00								
☐ Pool - COMPLEX (with or without features)	\$390.00 + N/A \$390.00								
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 ☐ Vanishir	ng Edge								
*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> <u>Total</u>								
☐ Body Piercing Establishment	\$ 198.00 + \$100.00 = \$298.00								
☐ Tattoo Establishment	\$ 202.00 + \$100.00 = \$302.00								
Combined Tattoo / Body Piercing Establishment	\$ 309.00 + \$200.00 = \$509.00								
☐ Temporary Tattoo Establishment	\$ 194.00 + N/A = \$194.00								
☐ Temporary Body Piercing Establishment	\$194.00 + N/A = \$194.00								
☐ Combined Temporary Tattoo / Body Piercing Establishment	\$ 239.00 + N/A = \$239.00								
*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 department									

reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

SUBMIT TO: Sheboygan County Health and Human Services, Environmental Health, 1011 N 8th St, Sheboygan WI 53081 Email via: <a href="mailto:environmental.health@sheboygancounty.com">environmental.health@sheboygancounty.com</a>
Make Checks Payable To: Sheboygan County Treasurer, 508 New York Avenue, 1st Floor Room 109 Sheboygan WI 53081