



SHEBOYGAN COUNTY LICENSE APPLICATION SPECIAL EVENT CAMPGROUND APPLICATION



This application must be submitted to the Department at least 7 days prior to the event. Send the completed application and fee, check or money order, payable to the Department of Health Services. Incomplete information may delay processing your application.

ESTABLISHMENT / DBA INFORMATION:			
ESTABLISHMENT / DBA NAME:			COUNTY:
ESTABLISHMENT STREET ADDRESS:		CITY:	
		STATE:	ZIP:
EMAIL ADDRESS:			ESTABLISHMENT PHONE NUMBER: () -
INTENDED DATE OF OPENING:			

LEGAL ENTITY INFORMATION – CHECK ONE				
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?	
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):				
LEGAL ENTITY MAILING ADDRESS:			CITY:	
			STATE:	ZIP:
EMAIL ADDRESS:			LEGAL ENTITY PHONE NUMBER: () -	

CONTACT INFORMATION				
CONTACT PERSON:		TITLE:	PHONE NUMBER: () -	EMAIL ADDRESS:
SEND LICENSE TO:		WATER SOURCE:	WASTEWATER:	INTENDED DATE OF OPENING:
<input type="checkbox"/> Establishment <input type="checkbox"/> Legal Entity		<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private	

DATE AND DURATION OF THE EVENT:	TOTAL NUMBER OF CAMPSITES:
ESTIMATED NUMBER OF CAMPERS: (Number of campsites x 6)	AREA OF LAND FOR THE INTENDED USE OF THE CAMPGROUND (assuming a maximum of 50 campsites per acre)

WATER SUPPLY
<input type="checkbox"/> Municipal
<input type="checkbox"/> Private well (Submit bacteria and nitrate analysis performed on well with this application.)
Name of Village / City /Town
Street Address, City, State and Zip Code

WASTEWATER			
	Required water closets - males 1 per 125	Required water closets – females 1 per 65	Required lavatories 1 per 200
Total # of Portable Toilets:	Number for males:	Number for females:	Number of lavatories
Total # of Flush Toilets:	Number for males:	Number for females	Number of hand wash sinks

PLAN REQUIREMENTS

The operator shall submit plans and specifications for a new or expanded campground to the Department for examination and approval before beginning construction or modification. No change in plans or specifications that involves any provision of this chapter may be made unless the change is approved and dated by the Department.

NOTE: Operators should consult with the Department of Commerce as well as local building and zoning authorities before commencing.

Plan drawn to scale: Indicate scale on plan

Plan submittal checklist: The plan is to include the following features. Check all features included on the plan, for any features not included check "N/A". **Do not leave blank.**

FEATURES	N/A	FEATURES	N/A
<input type="checkbox"/> CAMPSITES	<input type="checkbox"/>	<input type="checkbox"/> SITE SETBACKS FROM STREET	<input type="checkbox"/>
<input type="checkbox"/> TOILETS AND URINALS	<input type="checkbox"/>	<input type="checkbox"/> WATER OUTLETS AND CROSS CONNECTION CONTROLS	<input type="checkbox"/>
<input type="checkbox"/> HAND WASHING FACILITIES	<input type="checkbox"/>	<input type="checkbox"/> WASTEWATER COLLECTION METHODS AND APPROVED DISPOSAL MEANS AND LOCATION	<input type="checkbox"/>
<input type="checkbox"/> SHOWER FACILITIES	<input type="checkbox"/>	<input type="checkbox"/> GARBAGE / REFUSE CONTAINERS	<input type="checkbox"/>
<input type="checkbox"/> DESIGNATED PARKING AREAS	<input type="checkbox"/>	<input type="checkbox"/> PERMANENT BUILDINGS	<input type="checkbox"/>
<input type="checkbox"/> POWER: (CHECK ONE)	<input type="checkbox"/>	<input type="checkbox"/> FREE BOTTLED WATER PROVIDED	<input type="checkbox"/>
<input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GAS GENERATOR			

LICENSE FEES					
# OF SITES	ANNUAL LICENSE FEE		PRE-INSPECTION FEE		TOTAL
<input type="checkbox"/> 1-25	\$266	+	\$150	=	
<input type="checkbox"/> 26-50	\$375	+	\$150	=	
<input type="checkbox"/> 51-100	\$417	+	\$150	=	
<input type="checkbox"/> 101-199	\$426	+	\$150	=	
<input type="checkbox"/> OVER 200	\$594	+	\$150	=	
TOTAL AMOUNT:					

*For more information on Special Event Campground operations please review the "Guidelines for Special Event Campgrounds" found at: <http://sheboygancounty.com/home/showdocument?id=2884>

I certify that the information provided on this application is true and accurate and that I am familiar with the Special Event Campground Guidelines. The described establishment will be operated and maintained in accordance with applicable regulations. The permit must be posted in public view when the Special Event Campground is in operation.

SIGNATURE – APPLICANT:	DATE SIGNED:
-------------------------------	---------------------

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.

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