



SHEBOYGAN COUNTY RECREATIONAL LICENSE APPLICATION



| ESTABLISHMENT / DBA INFORMATION: | | | |
|--|-------|--|------|
| ESTABLISHMENT / DBA NAME: | | COUNTY: | |
| ESTABLISHMENT STREET ADDRESS: | CITY: | STATE: | ZIP: |
| EMAIL ADDRESS: | | ESTABLISHMENT PHONE NUMBER: () - | |
| INTENDED DATE OF OPENING: | | | |
| CHOOSE ONE: | | | |
| <input type="checkbox"/> PLAN REVIEW REQUIRED (New Construction or Remodel) | | <input type="checkbox"/> NO PLAN REVIEW (Existing Facility) | |

| LEGAL ENTITY INFORMATION - CHECK ONE | | | | |
|---|---|---|--|--------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Married Couple | <input type="checkbox"/> Limited Liability Co (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: | |
| <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 | |

Please call our office at 920-459-3207 prior to submitting your application to determine the appropriate license category and required fees.

| LODGING | License Fee | Pre-Inspection Fee* | Total | # of Individual Rental Units |
|---|-------------|---------------------|--------------|------------------------------|
| <input type="checkbox"/> Tourist Rooming House | \$172.00 | + \$250.00 | = \$422.00 | |
| <input type="checkbox"/> Bed and Breakfast | \$175.00 | + \$268.00 | = \$443.00 | |
| <input type="checkbox"/> Hotel / Motel / Resort (5-30 rooms) | \$325.00 | + \$250.00 | = \$575.00 | |
| <input type="checkbox"/> Hotel / Motel / Resort (31-99 rooms) | \$455.00 | + \$486.00 | = \$941.00 | |
| <input type="checkbox"/> Hotel / Motel / Resort (100-199 rooms) | \$578.00 | + \$550.00 | = \$1,128.00 | |
| <input type="checkbox"/> Hotel / Motel / Resort (200+ rooms) | \$607.00 | + \$550.00 | = \$1,157.00 | |

**Pre-inspection is required with a new or change of operator*

| CAMPGROUND | License Fee | Pre-Inspection Fee* | Total | Number of Sites |
|---|-------------|---------------------|------------|-----------------|
| <input type="checkbox"/> Campground (1-25 sites) | \$266.00 | + \$150.00 | = \$416.00 | |
| <input type="checkbox"/> Campground (26-50 sites) | \$327.00 | + \$150.00 | = \$477.00 | |
| <input type="checkbox"/> Campground (51-100 sites) | \$380.00 | + \$150.00 | = \$530.00 | |
| <input type="checkbox"/> Campground (101-199 sites) | \$421.00 | + \$150.00 | = \$571.00 | |
| <input type="checkbox"/> Campground (200+ sites) | \$478.00 | + \$150.00 | = \$628.00 | |

**Pre-inspection is required with a new or change of operator*

Layout and plan must be submitted with application for new and remodeled campgrounds.

| RECREATIONAL & EDUCATIONAL CAMP | License Fee | Pre-Inspection Fee* | Total |
|---|-------------|---------------------|----------|
| <input type="checkbox"/> Rec-Ed Camp - SIMPLE (with or without hospitality) | \$374.00 + | \$150.00 = | \$524.00 |
| <input type="checkbox"/> Rec-Ed Camp - MODERATE (with or without hospitality) | \$374.00 + | \$150.00 = | \$524.00 |
| <input type="checkbox"/> 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 |
|---|-------------|--------------------|----------|
| <input type="checkbox"/> Pool - SIMPLE (with or without features) | \$350.00 + | N/A | \$350.00 |
| <input type="checkbox"/> Pool - MODERATE (with or without features) | \$370.00 + | N/A | \$370.00 |
| <input type="checkbox"/> 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)

| | | | | |
|---|-----------------------------------|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Cold Soak (below 72° F) | <input type="checkbox"/> Exercise | <input type="checkbox"/> Mobile | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wading |
| <input type="checkbox"/> Zero-Depth Entry | <input type="checkbox"/> Vortex | <input type="checkbox"/> Leisure River | <input type="checkbox"/> Therapy | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Interactive Play Attractions | <input type="checkbox"/> Wave | <input type="checkbox"/> Vanishing Edge | <input type="checkbox"/> Activity | |

**WI Department of Safety and Professional Service plan approval required for new, altered, or modified pools*

| TATTOO & BODY PIERCING ESTABLISHMENTS | License Fee | Pre-Inspection Fee* | Total |
|--|-------------|---------------------|----------|
| <input type="checkbox"/> Body Piercing Establishment | \$ 198.00 + | \$100.00 = | \$298.00 |
| <input type="checkbox"/> Tattoo Establishment | \$ 202.00 + | \$100.00 = | \$302.00 |
| <input type="checkbox"/> Combined Tattoo / Body Piercing Establishment | \$ 309.00 + | \$200.00 = | \$509.00 |
| <input type="checkbox"/> Temporary Tattoo Establishment | \$ 194.00 + | N/A = | \$194.00 |
| <input type="checkbox"/> Temporary Body Piercing Establishment | \$ 194.00 + | N/A = | \$194.00 |
| <input type="checkbox"/> 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 **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. 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: environmental.health@sheboygancounty.com
Make Checks Payable To: Sheboygan County Treasurer, 508 New York Avenue, 1st Floor Room 109 Sheboygan WI 53081