

SHEBOYGAN COUNTY ENVIRONMENTAL HEALTH

1011 North 8th Street, Sheboygan, WI 53081 (920) 459-4382

LICENSE APPLICATION New Change of Ownership Other (please specify): _____
 SITE EVALUATION COMPLEXITY TYPE: L M C

PLEASE PRINT CLEARLY

Target Opening Date: _____ Today's Date: _____ Business Hours: _____

Name of Business: _____ Business Telephone No. _____

Address of Business: _____ Zip: _____

Applicant: _____ Birthdate: _____
Must be legal entity – Corporation; Ltd. Partnership; Ltd. Liability Corp. (registered with the Secretary of State); or individual

Agent/Contact Person if other than Applicant: _____ Home Telephone: _____

Home Address: _____ City: _____ Zip: _____

Mail License(Business or Home): _____ City: _____ Zip: _____

E-Mail Address: _____

Name of Former Operator: _____

Name of Former Business: _____ ID#: _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO: SHEBOYGAN COUNTY HEALTH & HUMAN SERVICES

Check the appropriate box when your business is in operation: Year Round Winter Summer

Check the appropriate box: Water: Private Public Sewer: Private Public

The permit year is from July 1st to the following June 30th. All permits expire on June 30th annually. A penalty fee of \$200 applies to renewal applications postmarked after June 30th. Operation in any fiscal year requires a permit.

TOTAL AMOUNT ENCLOSED: _____ (Include \$200.00 penalty fee if after June 30th.)

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

Today's Date

Chapter 254.47(5) and 254.64(1)(c), Stats. "No permit may be issued until applicable fees have been paid."

Chapter 254.47(1), Stats. "No person...who has not been issued a permit under this section may conduct, maintain, manage or operate a campground and camping resort, recreational camp and educational camp or public swimming pool, as defined by department rule."

Chapter 254.64(1)(a), Stats. "No person may conduct, maintain, manage or operate a hotel, restaurant, temporary restaurant, tourist rooming house, vending machine commissary or vending machine if the person has not been issued an annual permit by the department or by a local health department that is granted agent status under s.254.69 (2)."

Chapter 254.47(4) and 254.64(5), Stats. Permits released April 1 and after expire June 30 of the following year (except Body Art and Bed & Breakfast establishments).

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.

See reverse side for fees.

SCF-4343

Please check appropriate category: Site Evaluation: _____ Plan Review: _____ Full: _____
 Partial: _____

FOOD SERVICE:	CODE TYPE	FEE		FEE (01/02)
<input type="checkbox"/> Prepackaged	_____	\$ _____	<input type="checkbox"/> Preinspection (0-50) seating capacity	\$240.00/\$250.00
<input type="checkbox"/> Regular	_____	\$ _____	<input type="checkbox"/> Preinspection (51-150) seating capacity	\$385.00/\$400.00
<input type="checkbox"/> Tavern Non-Food (TNF)	_____	\$ _____	<input type="checkbox"/> Preinspection (151+) seating capacity	\$530.00/\$550.00
<input type="checkbox"/> Additional Food Prep Area (within establishment)	_____	\$ _____		

Restaurant Manager Certification:
 Seating Capacity: _____ ID Number: _____ Expiration Date: _____

LODGING:	FEE			
<input type="checkbox"/> Tourist Room House (1-4 rooms)	\$154.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$250.00
<input type="checkbox"/> Bed & Breakfast (8 or less rooms)	\$137.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$250.00
<input type="checkbox"/> Hotel/Motel (5-30 rooms)	\$325.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$250.00
<input type="checkbox"/> Hotel/Motel (31-99 rooms)	\$455.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$450.00
<input type="checkbox"/> Hotel/Motel (100-199 rooms)	\$578.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$550.00
<input type="checkbox"/> Hotel/Motel (200+ rooms)	\$590.00	# of sleeping rooms: _____	<input type="checkbox"/> Preinspection	\$550.00

Hotel/Motel operator, please advise us as to which you want to be classified as: Hotel Motel
 If a lodging facility, do you have food service for tourists, transients or guests on your premises? Yes No

*CAMPGROUND:	FEE			
<input type="checkbox"/> Campground (1-25 sites)	\$266.00	# of sites: _____	<input type="checkbox"/> Preinspection	\$150.00
<input type="checkbox"/> Campground (26-50 sites)	\$327.00	# of sites: _____	<input type="checkbox"/> Preinspection	\$150.00
<input type="checkbox"/> Campground (51-99 sites)	\$380.00	# of sites: _____	<input type="checkbox"/> Preinspection	\$150.00
<input type="checkbox"/> Campground (100-199 sites)	\$421.00	# of sites: _____	<input type="checkbox"/> Preinspection	\$150.00
<input type="checkbox"/> Campground (200+ sites)	\$487.00	# of sites: _____	<input type="checkbox"/> Preinspection	\$150.00

If campground facility, do you have food service for patrons? Yes No
 * Layout and plan must be submitted with application for new and remodeled camps.

RECREATIONAL & EDUCATIONAL CAMP:
<input type="checkbox"/> \$195.00 <input type="checkbox"/> Preinspection \$150.00
Total Capacity of Camp (in number of persons accommodated at one time: _____)

* SWIMMING POOL:
<input type="checkbox"/> \$315 per pool Number of Pools: _____
Type of pool (check box and indicate the number of each type of pool on property):
<input type="checkbox"/> Swimming <input type="checkbox"/> Slide <input type="checkbox"/> Combination <input type="checkbox"/> Wading <input type="checkbox"/> Whirlpool <input type="checkbox"/> Wave <input type="checkbox"/> Other _____
* Department of Commerce plan approval required for new/alterd/modified pools.

**You cannot sell, prepare, or store until your business has been inspected and the license released.
 Contact Public Health Sanitarian _____ at (920) 459-4382 between
 8:00 - 9:30 A.M. to arrange inspection of your premise and release of your license.**