

TAYLOR COUNTY PERMIT APPLICATION

To apply for a permit send the completed application with the correct fees to the TAYLOR COUNTY HEALTH DEPARTMENT, 224 S. Second Street, Medford, WI, 54451. Incomplete information may delay processing your application. All applications must include a check payable to TAYLOR COUNTY HEALTH DEPARTMENT for the appropriate amount.

Type or Print Only

Application is for: New Establishment Change in Ownership Other, please specify _____

Establishment Name		County
Establishment Street Address, City, State and Zip Code		Establishment Telephone ()
Legal Licensee (such as name of sole proprietor or partnership, or LLC, LLP, Inc.)		
Licensee Street Address, City, State and Zip Code		Legal Licensee Telephone ()
Name of Agent for the Corporation / Operator (if applicable)		Intended Date of Opening for Business
Name of Former Business	Name of Former Operator	ID No.

Check appropriate category for each of the following section.

FOOD SERVICE

- | | |
|--|---|
| <input type="checkbox"/> Prepackaged off-premise | \$245.50 (\$115.50 Permit fee + \$130.00 Preinspection fee) |
| <input type="checkbox"/> Full-service – Simple* | \$573.00 (\$253.00 Permit fee + \$320.00 Preinspection fee) |
| <input type="checkbox"/> Full-service – Moderate* | \$833.00 (\$363.00 Permit fee + \$470.00 Preinspection fee) |
| <input type="checkbox"/> Full-service – Complex* | \$1,364.00 (\$594.00 Permit fee + \$770.00 Preinspection fee) |
| <input type="checkbox"/> Additional Food Prep Area
(within establishment) | \$ 80.00 |

*To be determined by Inspector at time of the pre-inspection

State of Wisconsin Restaurant Manager Certification ID No.: _____ Expiration Date: _____

LODGING

- | | Number of Sleeping Rooms |
|--|--------------------------|
| <input type="checkbox"/> Tourist Rooming House (1-4 rooms)
(Cabin, Cottage, etc.) | _____ |
| <input type="checkbox"/> Hotel / Motel / Resort (5-30 rooms) | _____ |
| <input type="checkbox"/> Hotel / Motel / Resort (31-99 rooms) | _____ |
| <input type="checkbox"/> Hotel / Motel / Resort (100-199 rooms) | _____ |
| <input type="checkbox"/> Hotel / Motel / Resort (200+ rooms) | _____ |
| <input type="checkbox"/> Bed & Breakfast (8 or less rooms) | _____ |

Do you have food service for tourists, transients or guests on your premises? Yes No

CAMPGROUND

- | | Number of Sites |
|---|-----------------|
| <input type="checkbox"/> Campground (1-25 sites) | _____ |
| <input type="checkbox"/> Campground (26-50 sites) | _____ |
| <input type="checkbox"/> Campground (51-100 sites) | _____ |
| <input type="checkbox"/> Campground (101-199 sites) | _____ |
| <input type="checkbox"/> Campground (200+ sites) | _____ |

Do you have food service for patrons at your campground? Yes No

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

RECREATIONAL & EDUCATIONAL CAMP

- \$1,755.50 (\$555.50 Permit fee + \$1,200.00 Preinspection fee)
 Total Capacity of Camp (in number of persons accommodated at one time) _____

See reverse side - signature is required

***SWIMMING POOL**

\$315.00 (\$165.00 Permit fee + \$150.00 Preinspection fee) per pool

Is there a slide associated with this pool? **YES** **NO**

Type of pool (indicate the number of each type of pool on property in check box)

- | | | | |
|--|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Plunge | <input type="checkbox"/> Vanishing Edge | <input type="checkbox"/> Wave |
| <input type="checkbox"/> Cold Soak (below 72°F.) | <input type="checkbox"/> Splash Pad | <input type="checkbox"/> Vortex | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Combination | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wading | |
| <input type="checkbox"/> Leisure River | <input type="checkbox"/> Therapy | <input type="checkbox"/> Water Attraction | |

*Department of Commerce plan approval required for new/altered/modified pools.

TATTOO & BODY-PIERCING ESTABLISHMENTS

- | | |
|---|---|
| <input type="checkbox"/> Tattoo Establishments | \$403.50 (\$148.50 Permit fee + \$255.00 Preinspection fee) |
| <input type="checkbox"/> Body-Piercing Establishments | \$403.50 (\$148.50 Permit fee + \$255.00 Preinspection fee) |
| <input type="checkbox"/> Combined Tattoo / Body-Piercing Establishments | \$642.00 (\$242.00 Permit fee + \$400.00 Preinspection fee) |
| <input type="checkbox"/> Temporary Tattoo Establishments | \$110.00 |
| <input type="checkbox"/> Temporary Body-Piercing Establishments | \$110.00 |
| <input type="checkbox"/> Combined Temporary Tattoo / Body-Piercing Establishments | \$110.00 |

Temporary permits are valid no more than 7 days per event.

State of Wisconsin Tattooist / Body-Piercer ID No.:

Expiration Date:

Check the appropriate box when your business is in operation.

- Year Round Winter Summer

TOTAL AMOUNT ENCLOSED: _____

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
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Chapter 254.47 (5) and 254.64 (1)(c), Stats. "No permit may be issued until all 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 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.

A permit shall not be issued to an operator without prior inspection.

Note: Please check with your local municipality regarding Zoning or other land use restrictions.

Taylor County Health Department
224 S Second St – Courthouse
Medford, WI 54451
Phone: 715-748-1410