

BAYFIELD COUNTY PERMIT APPLICATION

Make checks or money orders payable to Bayfield County Health Department. Send it along with your application to Bayfield County Health Department PO box 403 Washburn, WI 54891.

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

PLEASE TYPE OR PRINT			
Establishment Name: _____			
Establishment Address: _____			
Street	City	Zip Code	
Establishment Telephone: (____) _____ County _____			
Legal Licensee Name (such as the name of the sole proprietor, or partnership or LLC, or LLP or Inc.): _____			
Agent for the Business (if applicable): _____			
Licensee Address: _____			
Street	City	Zip Code	
Legal Licensee Telephone (if different from establishment telephone): (____) _____			
Name of Former Operator: _____			
Name of Former Business: _____			ID#: _____
Intended Date of Opening for Business: _____			

Please check appropriate category.

FOOD SERVICE:			
<input type="checkbox"/>	Prepackaged off-premise	\$200.00 (Includes \$125.00 Pre-inspection fee)	
<input type="checkbox"/>	Full-service – Simple*	\$298.00 (Includes \$150.00 Pre-inspection fee)	
<input type="checkbox"/>	Full-service – Moderate*	\$460.00 (Includes \$250.00 Pre-inspection fee)	
<input type="checkbox"/>	Full-service – Complex*	\$640.00 (Includes \$350.00 Pre-inspection fee)	
<input type="checkbox"/>	Additional Food Prep Area (within establishment)	\$ 80.00	
	State of Wisconsin Restaurant Manager Certification:		
	ID number _____	Expiration Date _____	
*To be determined by inspector at time of inspection.			

LODGING:		# Sleeping Rooms
<input type="checkbox"/>	Tourist Rooming House (1-4 rooms) (Cabin, Cottage, etc.)	\$210.00 (Includes \$125.00 Pre-inspection fee) _____
<input type="checkbox"/>	Hotel/Motel/Resort (5-30 rooms)	\$249.00 (Includes \$125.00 Pre-inspection fee) _____
<input type="checkbox"/>	Hotel/Motel/Resort (31-99 rooms)	\$390.00 (Includes \$200.00 Pre-inspection fee) _____
<input type="checkbox"/>	Hotel/Motel/Resort (100-199 rooms)	\$525.00 (Includes \$275.00 Pre-inspection fee) _____
<input type="checkbox"/>	Hotel/Motel/Resort (200+ rooms)	\$650.00 (Includes \$350.00 Pre-inspection fee) _____
Hotel/Motel operator, please advise us as to which you want to be classified as: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel		
If a lodging facility, do you have food service for tourists, transients or guests on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Bed & Breakfast (8 or less rooms)	\$190.00 (Includes \$125.00 Pre-inspection fee)
# of sleeping rooms _____		

*CAMPGROUND:		
<input type="checkbox"/>	Campground (1-25 sites)	\$106.00 # of sites _____
<input type="checkbox"/>	Campground (26-50 sites)	\$147.00 # of sites _____
<input type="checkbox"/>	Campground (51-100 sites)	\$175.00 # of sites _____
<input type="checkbox"/>	Campground (101-199 sites)	\$195.00 # of sites _____
<input type="checkbox"/>	Campground (200+ sites)	\$225.00 # of sites _____
If a campground facility, do you have food service for patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Layout and plan must be submitted with application for new and remodeled camps.		

Please see reverse side – Signature is required.

RECREATIONAL & EDUCATIONAL CAMP:

\$200.00

Total Capacity of Camp (in number of persons accommodated at one time) _____

***SWIMMING POOL:**

\$150.00 per pool

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

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

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

TATTOO & BODY-PIERCING ESTABLISHMENTS:

- | | |
|---------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Tattoo Establishments | \$175.00 (Includes \$75.00 Pre-inspection) |
| <input type="checkbox"/> Body-Piercing Establishments | \$175.00 (Includes \$75.00 Pre-inspection) |
| <input type="checkbox"/> Combined Tattoo/Body-Piercing Establishments | \$225.00 (Includes \$75.00 Pre-inspection) |
| <input type="checkbox"/> Temporary Tattoo Establishments | \$100.00 |
| <input type="checkbox"/> Temporary Body-Piercing Establishments | \$100.00 |
| <input type="checkbox"/> Combined Temporary Tattoo/Body-Piercing Establishments | \$100.00 |

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

Please 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 of Licensee or Agent

Today's Date

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.