Langlade County Health Department
Langlade County Health Service Center
Langlade county
1225 Langlade Road, Antigo, Wisconsin 54409-2795
Phone: 715-627-6250—Fax: 715-627-6391
HEALTH
DEPARTMENT
Email: health@co.langlade.wi.us
https://langladecountyhealthdepartment

## Langlade County Lodging \& Recreational Facility License Application

Completion of this form is voluntary, however to receive a license you must complete the form. To receive a license, send the completed application and fee(s), check or money order, payable to the LANGLADE COUNTY HEALTH DEPARTMENT, to the above address. Incomplete information may delay processing your application. Type or Print Only.
Application is for: $\square$ New Establishment $\square$ Change in Ownership $\square$ Other, please specify $\qquad$


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

## CAMPGROUND

| Annual License Fee + | Fee | ing Fee | \# of Sites |
| :---: | :---: | :---: | :---: |
| (\$ 195.00 License fee + | \$380.00 Pre-inspection fee) | \$ 575.00 |  |
| (\$ 280.00 License fee | \$565.00 Pre-inspection fee) | \$ 845.00 |  |
| (\$ 340.00 License fee + | \$700.00 Pre-inspection fee) | \$ 1,040.00 |  |
| (\$ 375.00 License fee + | \$830.00 Pre-inspection fee) | \$ 1,205.00 |  |
| (\$ 460.00 License fee + | \$965.00 Pre-inspection fee) | \$ 1,425.00 |  |

Campground facility- do you have food service for patrons? $\square$ Yes $\square$ No
*Layout and campground plan approval application must be submitted either prior to or with this application.

## RECREATIONAL \& EDUCATIONAL CAMP

$\square$ Recreational Education Camp
Annual License Fee + Pre-inspection Fee = Initial Opening Fee

Total capacity of camp (maximum number of persons accommodated at one time:


HEALTH DEPARTMENT

Type of Pool: check appropriate box and indicate the number of each type of pool on property on the line:

|  | Number of pools: |  |  | Number of pools: |  | Number of pools: |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| $\square$ Swimming | - | $\square$ Whirlpool |  | $\square$ Wading | - |  |
| $\square$ Cold Soak | - | $\square$ | $\square$ Diving | - |  |  |
| $\square$ Exercise | $\square$ | $\square$ | $\square$ Combination | - | - |  |
| $\square$ Therapy |  | $\square$ Experimental | - | $\square$ |  |  |

## WATER ATTRACTION (Per Attraction)

Annual License Fee + Pre-inspection Fee $=$ Initial Opening Fee
(\$ 195.00 License fee + \$175.00 Pre-inspection fee) \$ 370.00
Type of water attraction: check appropriate box and indicate the number of each type on property on the line: Number of pools: Number of pools:
$\qquad$ $\square$ Interactive Play Attraction

Zero Depth Entry

| $\square$ Activity | - | $\square$ Vortex |
| :--- | :--- | :--- |
| $\square$ Wave | - | $\square$ Leisure River |
| $\square$ Vanishing Edge | - |  |

Number of pools:

## Water Attraction (With up to 2 Pool Slides/Waterslides per basin)

$\square$ Water attraction (with up to 2 pool slides/waterslides per basin)
$\square$ Per waterslide (in excess of 2 per basin

| Annual License Fee + | Pre-inspection Fee | ial Opening |
| :---: | :---: | :---: |
| Fee |  |  |
| (\$ 310.00 License fee + | \$250.00 Pre-inspection fee) | \$ 560.00 |
| (\$170.00 License fee + | \$150.00 Pre-inspection fee) | \$320.00 |

*Department of Safety \& Professional Services Plan Approval is Required for New/Altered/Modified Pools.

Check the appropriate box indicating when the business is in operation:
$\square$ Year Round $\quad \square$ Winter $\square$ Summer

Please indicate hours your establishment is open:
Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

Information requested on this application must be provided to obtain a recreational establishment license. Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat § $15.04(1)(\mathrm{m})$. Licenses are not transferable between persons or locations. Licenses expire annually on June $30^{\text {th }}$; unless issued after April $1^{\text {st }}$, which will expire on June $30^{\text {th }}$ of the following year. A late fee will apply to establishments that fail to meet license renewal deadline. The license fee is not prorated for partial license years.
A license shall not be issued and you are not authorized to operate without a pre-inspection.
An operating without a license fee will be issued for all facilities that are operating without a current license. A re-inspection fee will be assessed based on the license category for any required re-inspection.
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.
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

## Total Amount Enclosed: \$,

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

