

Langlade County Health Department

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



https://langladecountyhealthdepartment

Langlade County Lodging & Recreational Facility License Application

Completion of this form is voluntary, however to re application and fee(s), check or money order, pay information may delay processing your application.	able to the LANGLADE COUNTY HEALTH I					
Application is for: \square New Establishment \square Chang	ge in Ownership \Box Other, please specify $_$					
Establishment Name		County				
Establishment Street Address, City, State and Zip Code		Establishment Telephone				
Legal Licensee (name of sole proprietor, LLC, INC. etc.) Legal Licensee Street Address, City, State and Zip Code		Email Address Legal Licensee Telephone				
					Name of Agent for the Corporation / Operator (if applicable)	
Name of Former Business	Name of Former Operator	ID No.				
Check appropriate category for each of the follo	wing section.					
LODGING (Number of Individual Keyed Units)			Number of			
	Annual License Fee + Pre-inspection	on Fee = <u>Initial Opening</u>	Sleeping Rooms			
	<u>Fee</u>					
☐ Tourist Rooming House (1-4 rooms) (Cabin, Cottage, etc.)	(\$ 145.00 License fee + \$280.00 Pr	re-inspection fee) \$ 425.00				
☐ Hotel / Motel / Resort (5-30 rooms)		(\$ 230.00 License fee + \$380.00 Pre-inspection fee) \$ 610.00				
\square Hotel / Motel / Resort (31-99 rooms)	(\$ 315.00 License fee + \$615.00 Pre-inspection fee) \$ 930.00					
\square Hotel / Motel / Resort (100-199 rooms)	•	(\$ 400.00 License fee + \$795.00 Pre-inspection fee) \$ 1,195.00				
☐ Hotel / Motel / Resort (200+ rooms)	(\$ 550.00 License fee + \$950.00 Pre-inspection fee) \$ 1,500.00					
☐Bed & Breakfast (8 or less rooms)	(\$ 125.00 License fee + \$300.00 Pr	re-inspection fee) \$ 425.00				
Hotel/Motel operator, please advise us as to which	h you want to be classified as: \Box Hotel \Box M	lotel				
If a lodging facility, do you have food service for to	ourists, transients or guests on your premises	s? □Yes □ No				
CAMPGROUND						
	Annual License Fee + Pre-inspec		# of Sites			
☐ Campground (1-25 sites)	(\$ 195.00 License fee + \$380.00 Pro					
\square Campground (26-50 sites)	(\$ 280.00 License fee + \$565.00 Pro					
☐ Campground (51-100 sites)	(\$ 340.00 License fee + \$700.00 Pro	*				
☐ Campground (101-199 sites)	· ·	(\$ 375.00 License fee + \$830.00 Pre-inspection fee) \$ 1,205.00				
☐ Campground (200+ sites)	(\$ 460.00 License fee + \$965.00 Pro	e-inspection fee) \$ 1,425.00				
Campground facility- do you have food service for *Layout and campground plan approval application		is application.				
RECREATIONAL & EDUCATIONAL CAMP						
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Annual License Fee + Pre-inspe	ection Fee = Initial Opening Fee				
\square Recreational Education Camp	(\$565.00 License fee) + \$1,200 Pre	-Inspection Fee \$1,765.00				
Total capacity of camp (maximum number of pers	ons accommodated at one time:					



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SWIMMING POOL (per p	ool)				
		Annual License Fee			ng Fee
T				inspection fee) \$ 320.00	
Type of Pool: cneck appl	ropriate box and indicate the Number of pools:	e number of each typ	Number of po		Number of pools:
☐ Swimming	Number of pools.	☐ Whirlpool		1:	rumber of pools.
□ Cold Soak		☐ Combination		- n	
□ Exercise		☐ Experimental			
☐ Therapy		□ Mobile			
WATER ATTRACTION (P	Per Attraction)				
		Annual License Fee			ng Fee
Type of water attraction	: check appropriate box and			inspection fee) \$370.00	
Type of water attraction	Number of pools:		ber of pools:	property on the line.	Number of pools:
☐ Activity	Dvort		•	☐ Interactive Play Attraction	_
□ Wave				□ Zero Depth Entry	
☐ Vanishing Edge					
Water Attraction (With	up to 2 Pool Slides/Watersli	des per basin)			
			Annual License	<u>e Fee</u> + <u>Pre-inspection F</u>	<u>ee</u> = <u>Initial Openin</u>
			<u>Fee</u>		
	up to 2 pool slides/waterslide	s per basin))	•	nse fee + \$250.00 Pre-insp	-
☐ Per waterslide (in exces	ss of 2 per basin		(\$170.00 Licer	ise fee + \$150.00 Pre-insp	pection fee) \$320.00
*Depar	tment of Safety & Professiona	al Services Plan Appr	oval is Required f	or New/Altered/Modified F	Pools.
Check the appropriate box	x indicating when the business	is in operation:			
☐ Year Round	☐ Winter ☐ Sumn	=			
Please indicate hours you		101			
Monday:		esday: Thursd	ay: Frida	y: Saturday:	Sunday:
•	·	•			·
nformation requested on this	application must be provided to ob	otain a recreational estal	olishment license. Pe	ersonally identifiable informatio	on you provide may be
sed for purposes other than th	hat for which it was collected. Wis	. Stat § 15.04 (1)(m). Lic	enses are not transf	erable between persons or loca	tions. Licenses expire
	sued after April 1st, which will exp		llowing year. A late f	ee will apply to establishments	that fail to meet license
enewal deadline. The license f	ee is not prorated for partial licens d you are not authorized to operat	se years.	on.		
n operating without a license	fee will be issued for all facilities t	e without a pre-inspecti hat are onerating withou	on. it a current license	A re-inspection fee will be asses	sed based on the license
ategory for any required re-in	spection.			_	
	a complete application for a licens				e a license or deny the
	for a license is denied, the departm lowledge that you have received a				y with all applicable
Visconsin Administrative Code	8 9	copy of the code of fillor	mation as to where	to obtain a copy and win comply	y with an applicable
SIGNATURE- APPLICA					
	·== - =			2112014112	
Amount Enclosed: \$					
l Amount Enclosed: \$					

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

9/2022