



**ADAMS COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT  
APPLICATION FOR  
LODGING PERMIT**

*Preserving & strengthening  
individuals, families and the  
community*

In accordance with Adams County Public Health Ordinance #20-16, I do hereby make application to the Adams County Health and Human Services Department for an operating permit for the license year July 1, 2024 to June 30, 2025. **Operating in any part of the fiscal year requires a permit.** Inspection and licensing services are being provided by the Wood County Health Department.

**PERMITS ARE NOT TRANSFERABLE**

Establishment Name _____	
Establishment Address _____	City _____ Zip _____
Establishment Phone _____	
Owner Name _____ (List the individual, partnership, or corporation name and the agent)	
Owner email _____	Owner Phone _____
Owner Address _____	City _____ Zip _____
Management Name _____	
Management Address _____	City _____ Zip _____
Management Phone _____	Email _____
Preferred mailing address for license and correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Establishment <input type="checkbox"/> Management	
Signature of Applicant _____	Date _____

**- OVER -**

## Lodging

Number of Rooms	Pre-Licensing Insp Fee	License Fee
<input type="checkbox"/> Hotel/Motel 5-30 Rooms	\$200.00	\$266.00
<input type="checkbox"/> Hotel/Motel 31-99 Rooms	\$300.00	\$366.00
<input type="checkbox"/> Hotel/Motel 100-199 Rooms	\$400.00	\$461.00
<input type="checkbox"/> Hotel/Motel 200 + Rooms	\$500.00	\$631.00
<input type="checkbox"/> Tourist Rooming House*	\$150.00	\$250.00
<input type="checkbox"/> Bed and Breakfast	\$150.00	\$250.00
<b>Total Lodging</b>		\$ _____

**\*For Tourist Rooming House licensees, what is your preferred month for yearly inspections?**

March

October

If owner/property manager does not live onsite, please provide Environmental Health Staff any helpful information to use to access property for yearly inspections (i.e. Key Code, Hidden Key location, etc.)

Note: Property owner associations/towns/villages etc. have the right to establish covenants and restrictions to regulate short term rentals. A Short-Term Rental License does not void or override those regulations. Please contact your respective property owners association/town/village etc. for information related to any restriction on short term rental use of your property.

## Water Supply

Private

Public

\*If you have a private well, do you have a water treatment system (RO, etc.)

Yes

No

If yes, do you prefer:  Raw water tested  Treated water tested  Both (additional fees would apply)

## Annual Water Testing Fee Per Well

\$ 50.00

(If on a private well, bacteria and nitrate only)

Additional charges may apply for repeat sampling.

## OTHER FEES

<input type="checkbox"/> NSF Fee (includes account closed or check non-payable)	\$150.00
<input type="checkbox"/> Operating without a License	Double License Fee
<input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense	\$150.00
<input type="checkbox"/> Special Inspection	\$175.00
<input type="checkbox"/> Duplicate Permit	\$ 20.00
<input type="checkbox"/> Re-inspection Fee (\$200.00 for each additional repeat inspection)	\$ 100.00

**Total of Other Fees Due**

\$ \_\_\_\_\_

Pre-Licensing Insp. Fee	License Fee	Other Fees (if applicable)	Total Fees
\$ _____	\$ _____	\$ _____	\$ _____
+	+	=	=

Forward completed application and fee to:

Phone (715) 421-8911 or (715) 387-8646

Wood County Health Department

Attn: Environmental Health

111 W Jackson Street

Wisconsin Rapids WI 54495

Make check or money order payable to: **Wood County Health Department**