



LA CROSSE COUNTY
Health Department
Nationally Accredited

La Crosse County Health Department Environmental Health

Phone: 608-785-9771, Web: www.lacrossecounty.org/health

Email: environmental@lacrossecounty.org

License Application – Campground

Please mail application and payment to: **La Crosse County Health Department, 300 4th Street North, 2nd Floor, La Crosse, WI 54601**

Wis. Stat. § 97.67

ESTABLISHMENT/DBA INFORMATION:				
ESTABLISHMENT/DBA NAME:			COUNTY:	
ESTABLISHMENT STREET ADDRESS:		CITY:	STATE:	ZIP:
Choose One:	<input type="checkbox"/> Plan Review Required – New Construction or Remodel		<input type="checkbox"/> No Plan Review – Existing Facility	
LEGAL ENTITY INFORMATION – CHECK ONE				
<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Partnership (LLP)
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Trust	In what state is your entity registered?
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):			COUNTY:	
LEGAL ENTITY MAILING ADDRESS:		CITY:	STATE:	ZIP:
LEGAL ENTITY EMAIL ADDRESS:		LEGAL ENTITY PHONE NUMBER: () -		
CONTACT PERSON INFORMATION				
CONTACT PERSON:			TITLE:	
EMAIL ADDRESS (Leave blank if same as above):			PHONE NUMBER (Leave blank if same as above): () -	
CAMPGROUND				FEE AMOUNT
<input type="checkbox"/>	Campground (1-25 sites) # of Sites _____	\$ 628.00	(\$273 Permit Fee + \$355 Pre-inspection Fee)	_____
<input type="checkbox"/>	Campground (26-50 sites) # of Sites _____	\$ 698.00	(\$343 Permit Fee + \$355 Pre-inspection Fee)	_____
<input type="checkbox"/>	Campground (51-100 sites) # of Sites _____	\$ 795.00	(\$440 Permit Fee + \$355 Pre-inspection Fee)	_____
<input type="checkbox"/>	Campground (101-199 sites) # of Sites _____	\$ 856.00	(\$501 Permit Fee + \$355 Pre-inspection Fee)	_____
<input type="checkbox"/>	Campground (200+ sites) # of Sites _____	\$ 915.00	(\$560 Permit Fee + \$355 Pre-inspection Fee)	_____

Please read carefully before signing

Information requested on this application must be provided to obtain a Campground establishment license. Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1) (m)). Operating without a license is a violation of Wisconsin law. If you have been operating without a license, you may be required to pay an operating without a license fee in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued after April 1, which will expire on June 30 of the following year. The license fee is not prorated for partial license years. The department or its agent may inspect premises at any reasonable time. Your signature below acknowledges that you have received a copy of the code or information as to where to obtain a copy of the code and will comply with all applicable Wisconsin Administrative Code(s). Missing information may delay the issuance of your license. You are not licensed to operate until the department or its agent conducts an inspection. The undersigned hereby certifies that this is a true, complete, and accurate application for the Campground establishment license under Wis. Stat. § 97.67.

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

SIGNATURE – APPLICANT: _____

DATE SIGNED: _____

For Office Use Only:

Sanitarian:	Permit Facility <input type="checkbox"/> Yes <input type="checkbox"/> No
Year:	Healthspace ID Number:
Entered By:	Date: