

Chippewa County Department of Public Health

CHIPPEWA COUNTY

Fe. 1869



711 N. Bridge Street, Room 121, Chippewa Falls, WI 54729

P: 715.726.7900 / 1.800.400.3678 / F: 715.726.7910

www.co.chippewa.wi.us/ccdp



CHIPPEWA COUNTY

Public Health

LICENSE APPLICATION – SPECIAL EVENT CAMPGROUND

This application must be submitted to the Department at least 30 days before the event. Mail the completed application and fee, check or money order, payable to CHIPPEWA COUNTY TREASURER and mail to the address listed at the top of the application. Incomplete information may delay processing your application. **Please Type or Print Only**

ESTABLISHMENT/DBA INFORMATION:

ESTABLISHMENT NAME:	COUNTY:		
EVENT STREET ADDRESS:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:	ESTABLISHMENT PHONE: () -		

LEGAL ENTITY INFORMATION: CHECK ONE

<input type="checkbox"/> Individual	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership (LP)	In what state is your entity registered?	

LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):	COUNTY:		
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LEGAL ENTITY MAILING ADDRESS:	CITY:	STATE:	ZIP:
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EMAIL ADDRESS:	LEGAL ENTITY PHONE: () -		
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CONTACT INFORMATION:

CONTACT PERSON:	TITLE:	PHONE: () -	EMAIL ADDRESS:
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NUMBER OF ATTENDEES:

Expected number of attendees:	Divide by 2 for number of males and females
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WATER SUPPLY: CHECK ONE

<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Well	
<input type="checkbox"/> Submit coliform bacteria analysis preformed on private well(s) with application		

WASTEWATER: Number of toilets provided:

Required Toilets – Males: 1 per 125	Required Toilets – Females: 1 per 65	Required Handwash Sinks: 1 per 200
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Portable Toilets:	Flush Toilets:
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Number of Males: Number of Females: Number of Handwash Sinks/Stations:	Number of Males: Number of Females: Number of Handwash Sinks:
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GARBAGE:

Number of containers:

NUMBER OF SITES:

<input type="checkbox"/> 1-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> 101-199	<input type="checkbox"/> Over 200
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FEE AMOUNTS: FEES LISTED ON SEPERATE FORM

LICENSE FEE: Permit Fee _____ + Pre-inspection Fee	= Total Amount Due	TOTAL AMOUNT PAID:	CHECK #:
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PLAN REQUIREMENTS:

Chapter ATCP 79. **Special events campgrounds.** (3) Application. The application for a license for a special event campground shall be made to the department or its agent at least 30 days before a special event. The application for a license shall be made on an application form provided by the department or its agent and shall include all of the following:

- (a) The location of the event.
- (b) An estimate of the number of people to be accommodated.
- (c) The water supply source and distribution method.
- (d) The number and locations of toilet facilities and plans for servicing and maintenance.
- (e) The number and location of garbage and refuse disposal sites.
- (f) The methods for disposal of liquid waste.
- (g) The applicable fee specified under ch. ATCP 79 and any fees previously due to the department or its agent.

NOTE: Operators must consult the Department of Safety and Professional Services (DSPS) as well as local building and zoning authorities before commencing construction or modification.

Plan drawn to scale: Indicate scale on plan **or** provide dimensional plan indicating distances in linear feet.

Plan submittal checklist: The plan is to include the following features. Check off the features included on the plan. Any features not applicable indicate with "N/A". **Do not leave blank.**

<input type="checkbox"/> Campsites (new sites-minimum 800 square feet)	<input type="checkbox"/> Water Outlets
<input type="checkbox"/> Toilets and Urinals	<input type="checkbox"/> Wastewater Collection Methods and Approved Disposal Means and Location
<input type="checkbox"/> Handwashing / Hand Sanitizing Facilities	<input type="checkbox"/> Garbage / Refuse Containers
<input type="checkbox"/> Shower Facilities	<input type="checkbox"/> Permanent Buildings (if applicable)
<input type="checkbox"/> Designated Parking Areas	<input type="checkbox"/> Free Bottled Water Provided
<input type="checkbox"/> Power (check one): <ul style="list-style-type: none"> <input type="checkbox"/> Electricity Provided <input type="checkbox"/> Gas Generators 	<input type="checkbox"/> Vendor stands
	<input type="checkbox"/> Tattoo or Food Vendors

All items listed above shown on map (plan) included with the application

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). Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

APPLICANT SIGNATURE

SIGNATURE – APPLICANT:

DATE SIGNED:

Please mail or deliver application and payment to:

Chippewa County Department of Public Health, 711 N. Bridge Street, RM 121, Chippewa Falls, WI 54729