



**Public Health**  
Prevent. Promote. Protect.

Caledonia/Mt. Pleasant Health Department  
10005 Northwestern Avenue, Suite A  
Franksville, WI 53126  
Phone (262)835-53126  
Fax (262)835-6433

**Please Type or Print**  
Submit Check Payable to  
Caledonia/Mt.Pleasant Health Department  
with application to address at left.

## LICENSE APPLICATION

**Complete section below:**

|  |       |                      |   |       |          |
|--|-------|----------------------|---|-------|----------|
| LEGAL NAME OF INDIVIDUAL,PATERNERSHIP,LLC or OTHER |       |                      | TRADE NAME (d/b/a or "doing business as")             |       |          |
| MAILING ADDRESS                                    |       |                      | BUSINESS LOCATION (if different from mailing address) |       |          |
| CITY   | STATE | ZIP CODE             | CITY  | STATE | ZIP CODE |
| NAME OF CONTACT                                    |       | TITLE                | COUNTY  | TOWN  |          |
| CONTACT PHONE NUMBER                               |       | E-MAIL(if available) | COUNTY  | TOWN  |          |

**FEE AMOUNT – Obtain fees (from Fee List below) and enter information.**

|                    |          |            |          |
|--------------------|----------|------------|----------|
| License fee        | \$ _____ | Total Paid | \$ _____ |
| Pre-Inspection Fee | \$ _____ | Check #    | _____    |

**FEE LIST**

**Restaurant, Meal Food Service**

|                               |          |
|-------------------------------|----------|
| <b>Pre-Packaged</b>           | \$160.00 |
| Pre-Inspection                | \$130.00 |
| <b>Low Complexity</b>         | \$250.00 |
| Pre-Inspection                | \$320.00 |
| <b>Moderate Complexity</b>    | \$430.00 |
| Pre-Inspection                | \$470.00 |
| <b>High Complexity</b>        | \$540.00 |
| Pre-Inspection                | \$770.00 |
| <b>Additional rstrnt area</b> | \$100.00 |

|  |          |
|--|----------|
| <b>Mobile Rstrnt - same as restaurant depending on complexity.</b>     |          |
| <b>Mobile Rstrnt Base - same as restaurant depending on complexity</b> |          |
| <b>Mobile Rstrnt Base w/o food preparation</b>                         | \$160.00 |
| Pre-Inspection   | \$130.00 |
| <b>Mobil w/license from other</b>                                      | \$50.00  |

|  |          |
|--|----------|
| <b>Youth Sports 1-10days</b>                 | \$0.00   |
| <b>11+days/year</b>                          | \$100.00 |
| <b>Special Organization 4-12 events/year</b> | \$150.00 |

**Hotel, Motel, Tourist Rooming House**

|                               |            |
|-------------------------------|------------|
| <b>05-30 Sleeping Rooms</b>   | \$230.00   |
| Pre-Inspection                | \$480.00   |
| <b>31-99 Sleeping Rooms</b>   | \$350.00   |
| Pre-Inspection                | \$665.00   |
| <b>100-199 Sleeping Rooms</b> | \$460.00   |
| Pre-Inspection                | \$795.00   |
| <b>200+ Sleeping Rooms</b>    | \$550.00   |
| Pre-Inspection                | \$1,185.00 |
| <b>Tourist Rooming House</b>  | \$150.00   |
| Pre-Inspection                | \$300.00   |
| <b>Bed &amp; Breakfast</b>    | \$150.00   |
| Pre-Inspection                | \$300.00   |

**Public Swimming Pool/Attraction**

|                                    |          |
|------------------------------------|----------|
| <b>Pool</b>                        | \$300.00 |
| Pre-Inspection                     | \$200.00 |
| <b>Water Attraction</b>            | \$350.00 |
| Pre-Inspection                     | \$300.00 |
| <b>Wtr Attrac w/up to 2 slides</b> | \$400.00 |
| Pre-Inspection                     | \$350.00 |
| <b>additional slide</b>            | \$200.00 |
| Pre-Inspection                     | \$150.00 |

**Campgrounds, Recreation, Education Camps**

|                      |          |
|----------------------|----------|
| <b>1-25 sites</b>    | \$230.00 |
| Pre-Inspection       | \$380.00 |
| <b>26-50 sites</b>   | \$280.00 |
| Pre-Inspection       | \$565.00 |
| <b>51-100 sites</b>  | \$330.00 |
| Pre-Inspection       | \$700.00 |
| <b>101-199 sites</b> | \$380.00 |
| Pre-Inspection       | \$830.00 |
| <b>200+ sites</b>    | \$430.00 |
| Pre-Inspection       | \$965.00 |

**Special Event Campground**

|               |          |
|---------------|----------|
| 1-25 sites    | \$225.00 |
| 26-50 sites   | \$275.00 |
| 51-100 sites  | \$325.00 |
| 101-199 sites | \$375.00 |
| 200+ sites    | \$425.00 |

|                             |            |
|-----------------------------|------------|
| <b>Rec or Ed Campground</b> | \$560.00   |
| Pre-Inspection              | \$1,200.00 |

|                             |          |
|-----------------------------|----------|
| <b>Tattoo Establishment</b> | \$160.00 |
| Pre-Inspection              | \$255.00 |

|                           |          |
|---------------------------|----------|
| <b>Body Piercing Estb</b> | \$160.00 |
| Pre-Inspection            | \$255.00 |

|                                    |          |
|------------------------------------|----------|
| <b>Combined Tattoo/Body Pierce</b> | \$245.00 |
| Pre-Inspection                     | \$400.00 |

**PLEASE READ CAREFULLY BEFORE SIGNING:**

Information requested on this application must be provided to obtain an establishment license. Personal information you provide may be used for purposes other than that which it was collected (s.15.04(1)(m), Wis.Stats). Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay a surcharge in addition to the license fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30. The license fees *not* prorated for partial license years. The Department may inspect premises at any reasonable time. Missing information may delay the issuance of your license. The undersigned hereby certifies that this is a true, complete and accurate application.

|  |            |      |
|--|------------|------|
| Signature of Authorized Representative | Print Name | Date |
|--|------------|------|