

MANITOWOC COUNTY HEALTH DEPARTMENT  
823 WASHINGTON STREET  
MANITOWOC, WI 54220  
(920) 683-4155

**LICENSE APPLICATION FOR YEAR 2010 / 2011**

LICENSE EXPIRATION 06/30/11

|  |           |  |                          |                    |
|--|-----------|--|--------------------------|--------------------|
| 15 MONTH LICENSE _____   | NEW _____ | REINSTATE _____  | CHANGE OF OPERATOR _____ |                    |
| ESTABLISHMENT NAME _____   |           |  |                          |                    |
| ESTABLISHMENT ADDRESS _____  |           |  |                          |                    |
| STREET ADDRESS   |           |  |                          |                    |
| _____  |           |  |                          |                    |
| CITY STATE ZIP CODE  |           |  |                          |                    |
| ESTABLISHMENT PHONE _____  |           |  |                          |                    |
| ( )  |           |  |                          |                    |
| AREA CODE  |           |  |                          |                    |
| SEASON: YEARLY _____ SUMMER _____ WINTER _____                     |           |  |                          |                    |
| WATER: PRIVATE _____   |           | PUBLIC _____   |                          |                    |
| SEWER: PRIVATE _____   |           | PUBLIC _____   |                          |                    |
|  |           | _____ LOW  |                          |                    |
|  |           | _____ MODERATE   |                          |                    |
|  |           | _____ COMPLEX  |                          |                    |
| <b>IF APPLICABLE:</b>  |           |  |                          |                    |
| _____  |           | _____  |                          |                    |
| CERTIFIED FOOD MANAGER'S NAME OR<br>TATTOOIST/BODY PIERCER 'S NAME |           | FOOD MANAGER'S ID NUMBER OR<br>TATTOOIST/BODY PIERCER'S LICENSE NUMBER |                          | EXPIRATION<br>DATE |

|                         |       |
|-------------------------|-------|
| OWNER NAME (INC/CORP)   | _____ |
| AGENT (IF CORPORATION)  | _____ |
| MAILING ADDRESS _____   |       |
| STREET ADDRESS / PO BOX |       |
| _____                   |       |
| CITY STATE ZIP CODE     |       |
| OWNER PHONE             | _____ |
| ( )                     |       |
| AREA CODE               |       |

|                |       |
|----------------|-------|
| CONTACT PERSON | _____ |
| CONTACT PHONE  | _____ |
| ( )            |       |
| AREA CODE      |       |

TENTATIVE STARTING DATE \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_  
(FROM REVERSE SIDE)

PLEASE MAKE CHECK PAYABLE TO: MANITOWOC COUNTY HEALTH DEPARTMENT

I CONSENT TO ENTRY ON THE PREMISES BY MANITOWOC COUNTY HEALTH DEPARTMENT PERSONNEL FOR PURPOSES OF INSPECTION AT ALL REASONABLE HOURS.

SIGNATURE OF OWNER / AGENT \_\_\_\_\_

(IF A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF A CORPORATION, THE NAME OF THE CORPORATION MUST BE ENTERED FOLLOWED BY THE SIGNATURE OF THE INDIVIDUAL RESPONSIBLE FOR THE OPERATION OF THE ESTABLISHMENT.)

DATE \_\_\_\_\_

FOR OFFICE USE ONLY

7219 Sent:

License Sent:

Release Date:

ID Number:

Year:

Was:

Copy to:

**MANITOWOC COUNTY HEALTH DEPARTMENT  
LICENSE FEE SCHEDULE  
07/01/2010-06/30/2011**

| <b>FOOD SERVICE:</b>                 | <u>Class</u> | <u>Low</u> | <u>Moderate</u> | <u>High</u> |  |       |
|--------------------------------------|--------------|------------|-----------------|-------------|--|-------|
| ___ Annual Sales <\$30,000           | D            | \$225      | \$315           | \$393       | ___ Pre Inspection-New/Extensive Remodeling          | \$240 |
| ___ Annual Sales \$30,000-\$300,000  | C            | \$270      | \$380           | \$418       | ___ Pre Inspection-Change of Operator                | \$180 |
| ___ Annual Sales \$300,000-\$600,000 | B            |            | \$405           | \$468       | ___ Pre Inspection-Limited                           | \$ 95 |
| ___ Annual Sales >\$600,000          | A            |            | \$455           | \$518       | ___ Pre Sale Inspection                              | \$120 |
|                                      |              |            |                 |             | ___ Plan Review                                      | \$150 |
|                                      |              |            |                 |             | ___ Additional Food Prep Area (within establishment) | \$ 95 |
|                                      |              |            |                 |             | ___ Limited Service (pre-packaged)                   | \$124 |

| <b>LODGING:</b>                       |       |                         |  |  |  |       |
|---------------------------------------|-------|-------------------------|--|--|--|-------|
| ___ Tourist Rooming House (1-4 rooms) | \$125 | # of sleeping rooms:___ |  |  | Pre Inspection New or Extensive Remodeling | \$240 |
| ___ Bed & Breakfast (8 rooms or less) | \$130 | # of sleeping rooms:___ |  |  | Pre Inspection-Change of Operator          | \$180 |
| ___ Hotel/Motel (5-30 rooms)          | \$217 | # of sleeping rooms:___ |  |  | Pre Inspection Tourist Room House          | \$100 |
| ___ Hotel/Motel (31-99 rooms)         | \$306 | # of sleeping rooms:___ |  |  | Pre Inspection Bed & Breakfast             | \$125 |
| ___ Hotel/Motel (100-199 rooms)       | \$413 | # of sleeping rooms:___ |  |  | Pre Sale Inspection                        | \$120 |
| ___ Hotel/Motel (200 or more rooms)   | \$440 | # of sleeping rooms:___ |  |  |  |       |

If a lodging facility, do you have food service for tourists, transients or guests on your premises? \_\_\_ Yes \_\_\_ No

| <b>*CAMPGROUND &amp; RECREATIONAL EDUCATIONAL CAMP</b>                           |       |                |  |  |                           |       |
|--|-------|----------------|--|--|---------------------------|-------|
| ___ Campground (1-25 sites)  | \$215 | # of sites:___ |  |  | Pre Inspection Campground | \$185 |
| ___ Campground (26-50 sites)   | \$242 | # of sites:___ |  |  |                           |       |
| ___ Campground (51-100 sites)  | \$292 | # of sites:___ |  |  |                           |       |
| ___ Campground (101-200 sites)   | \$331 | # of sites:___ |  |  |                           |       |
| ___ Campground (over 200 sites)  | \$371 | # of sites:___ |  |  |                           |       |
| Do you have food service for patrons? ___ Yes ___ No ___ Retail ___ Restaurant   |       |                |  |  |                           |       |
| *Layout and plan must be submitted with application for new and remodeled camps. |       |                |  |  |                           |       |
| ___ Rec/Ed Camp  | \$344 |                |  |  | Pre Inspection Rec Ed     | \$200 |
| Total Capacity of Camp (in number of persons accommodated at one time)___        |       |                |  |  |                           |       |

| <b>*SWIMMING POOL:</b>   |           |                       |            |               |                     |           |
|--|-----------|-----------------------|------------|---------------|---------------------|-----------|
| ___ Swimming Pool – 1 <sup>st</sup> Indoor                                     | \$260     | # of indoor pools ___ |            |               | Pre Inspection Pool | \$170     |
| ___ Swimming Pool – 1 <sup>st</sup> Outdoor                                    | \$215     | # of outdoor pools___ |            |               |                     |           |
| ___ Swimming Pool each additional indoor or outdoor                            | \$215     |                       |            |               |                     |           |
| Type of pool (indicate the number of each type of pool on property)            |           |                       |            |               |                     |           |
| ___ Swimming   | ___ Slide | ___ Combination       | ___ Wading | ___ Whirlpool | ___ Wave            | ___ Other |
| *Department of Commerce plan approval required for new/altered/modified pools. |           |                       |            |               |                     |           |

| <b>TATTOO/BODY PIERCING:</b>        |       |  |  |  |  |       |
|-------------------------------------|-------|--|--|--|--|-------|
| ___ Tattoo                          | \$183 |  |  |  | ___ Pre Inspection Tattoo and/or Body Piercing | \$110 |
| ___ Body Piercing                   | \$183 |  |  |  |  |       |
| ___ Combined Tattoo & Body Piercing | \$256 |  |  |  |  |       |
| Operator's License Number _____     |       |  |  |  |  |       |

**Your facility may not begin operations or sell, prepare or store food until your business has been inspected and the license released. Contact Public Health Sanitarian at (920) 683-4155 between 8:30 A.M. - 4:30 P.M. to arrange inspection of your premise and release of your license.**