

PERMIT/LICENSE APPLICATION

PERMITS ARE NOT TRANSFERABLE

LA CROSSE COUNTY HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 300 4TH ST N
 LA CROSSE WI 54601-3228
 PHONE: 608-785-9771
 FAX: 608-793-6565

BUSINESS NAME _____	LEGAL LICENSEE _____
BUSINESS ADDRESS _____	AGENT _____
CITY/STATE/ZIP _____	MAILING ADDRESS _____
PHONE NO _____	CITY/STATE/ZIP _____
	PHONE NO _____

DIVISION OF HEALTH (DHFS)

FOOD - RESTAURANTS:		LODGING	NO ROOMS
<input type="checkbox"/> \$355 - SIMPLE	<input type="checkbox"/> \$100- ADDITIONAL FOOD AREA	<input type="checkbox"/> \$185 - HOTEL/MOTEL 5-30 ROOMS LH1	<input type="checkbox"/> \$240 - HOTEL/MOTEL 31-100 ROOMS LH2
<input type="checkbox"/> \$445 - MODERATE	<input type="checkbox"/> \$140- TEMPORARY RESTAURANT	<input type="checkbox"/> \$315 - HOTEL/MOTEL 101-200 ROOMS LH3	<input type="checkbox"/> \$425 - HOTEL/MOTEL 201-OR MORE ROOMS LH4
<input type="checkbox"/> \$570 - COMPLEX	<input type="checkbox"/> \$130 - 7 DAY PREPAY TEMP REST	<input type="checkbox"/> \$170- TOURIST ROOMING HOUSE	<input type="checkbox"/> \$95 - BED & BREAKFAST
<input type="checkbox"/> \$210 - PREPACKAGED	<input type="checkbox"/> \$110 - SATELLITE SCHOOL		
<input type="checkbox"/> \$105 - MOBILE/BASE	<input type="checkbox"/> \$225 - FULL SCHOOL		
RECREATIONAL		BODY ART	
CAMPGROUND	SWIMMING POOLS	<input type="checkbox"/> \$120 TATTOO ESTABLISHMENT	
<input type="checkbox"/> \$165 1-25 SITES	<input type="checkbox"/> \$165 OUTDOOR	<input type="checkbox"/> \$120 BODY PIERCING ESTABLISHMENT	
<input type="checkbox"/> \$205 26-50 SITES	<input type="checkbox"/> \$125 OUTDOOR ADDITIONAL	<input type="checkbox"/> \$180 COMBINATION TATTOO & BODY PIERCING ESTABLISHMENT	
<input type="checkbox"/> \$225 51-100 SITES	<input type="checkbox"/> \$655 INDOOR	<input type="checkbox"/> \$65 TEMPORARY TATTOO INSPECTION	
<input type="checkbox"/> \$285 101-199 SITES	<input type="checkbox"/> \$480 INDOOR ADDITIONAL		
<input type="checkbox"/> \$355 200 + SITES			
<input type="checkbox"/> TEMPORARY CG (SAME)			
<input type="checkbox"/> \$265 REC & ED CAMPS			

DEPARTMENT OF AGRICULTURE (DATCP)

FOOD RETAIL (BASED ON FOOD SALES)

<input type="checkbox"/> \$150 PROCESSES FOOD ANNUAL SALES <\$25,000 (44)	<input type="checkbox"/> \$205 NO FOOD PROCESSING (NFP-55)	<input type="checkbox"/> \$315 PROCESSES NON-HAZARDOUS FOOD ANNUAL SALES >25,000 (LNPH-33)	<input type="checkbox"/> \$430 PROCESSES POTENTIALLY HAZARDOUS FOOD ANNUAL SALES >25,000 <\$1,000,000 (SPH-22)	<input type="checkbox"/> \$690 PROCESSES POTENTIALLY HAZARDOUS FOOD ANNUAL SALES >1,000,000 (LPH-11)
--	---	---	--	---

DEPARTMENT OF COMMERCE (DOC)

MOBILE HOME PARKS

<input type="checkbox"/> \$200 1-20 UNITS	<input type="checkbox"/> \$280 21-50 UNITS	<input type="checkbox"/> \$350 51-100 UNITS	<input type="checkbox"/> \$420 101-175 UNITS	<input type="checkbox"/> \$475 176+ UNITS
--	---	--	---	--

LA CROSSE COUNTY

<input type="checkbox"/> \$30 PREINSPECTION/LIMITED	<input type="checkbox"/> \$165 TAVERN	<input type="checkbox"/> \$60 FARMER/FLEA MARKET/OUTDOOR FOODSTAND (ADVANCED SALE)
<input type="checkbox"/> \$120 PREINSPECTION/EXISTING	<input type="checkbox"/> \$65 INDOOR FOODSTAND	<input type="checkbox"/> \$70 FARMER/FLEA MARKET/OUTDOOR FOODSTAND
<input type="checkbox"/> \$180 PREINSPECTION/NEW - <25,000 SQ FT	<input type="checkbox"/> \$60 BEACHS	<input type="checkbox"/> \$15 ADDITIONAL SPACE
<input type="checkbox"/> \$275 PREINSPECTION/NEW - >25,000 SQ FT	<input type="checkbox"/> \$100 LATE FEE	
<input type="checkbox"/> \$75 TEMPORARY INSPECTION	<input type="checkbox"/> \$60 MASSAGE TECHNICIAN	
<input type="checkbox"/> \$125 SECOND REINSPECTION	<input type="checkbox"/> \$65 MASSAGE ESTABLISHMENT	
<input type="checkbox"/> \$105 ADDITIONAL REINSPECTION 3+	<input type="checkbox"/> \$50 OUTDOOR WOOD FIRED FURNANCE	

TOTAL AMOUNT DUE _____ PLEASE MAKE CHECK PAYABLE TO: LA CROSSE COUNTY HEALTH DEPARTMENT

I CONSENT TO ENTRY ON THE PREMISE BY LA CROSSE COUNTY PERSONNEL FOR PURPOSES OF INSPECTION AT ALL REASONABLE HOURS.

SIGNATURE OF OPERATOR/AGENT _____

1/1/2012

FOR COUNTY USE ONLY

EFFECTIVE DATE _____ YEAR _____ OTHER _____	PREVIOUS BUSINESS _____ PREVIOUS LICENSEE _____	STATE ID _____ COUNTY ID _____
---	--	-----------------------------------