

MARATHON COUNTY HEALTH DEPARTMENT
Environmental Health Program
1000 Lake View Dr., Ste 100
Wausau, WI 54403-6786
715-261-1900

Instructions: Please answer questions 1 through 5 and make your remittance payable to:
MARATHON COUNTY HEALTH DEPARTMENT

1. NAME OF ESTABLISHMENT (Please Print) TELEPHONE NO.

2. LOCATION OF ESTABLISHMENT

(Street, City, State, & Zip Code)

3. LEGAL NAME OF BUSINESS OPERATOR (Please Print) TELEPHONE NO.

(Include Co., Inc., LLC, LLP, etc. if applicable)

(If partnership, list partners; if corporation, give name of agent.)

4. MAILING ADDRESS OF OPERATOR

(If same as establishment location write "same")

5. EMAIL ADDRESS

(For license notifications)

6. SIGNATURE OF OPERATOR OR AGENT COMPLETING THIS APPLICATION:

Please Note: I certify that I have read the entire application and all information is true, correct, and accurate to the best of my knowledge:

(Name)

(Position or Title)

NOTE - Any change in operator shall require the filing of a new application.

All new establishments/facilities having a change of operator must be inspected before opening for business. A signed and dated report of an authorized sanitarian indicating the establishment meets Marathon County Public Health Agent Programs Regulation 2008 is required before the permit shall be issued.

Reg. 100.6 - The Department shall not grant a permit to a person intending to operate an establishment or public facility, or to a person intending to be a new operator, without a pre-inspection.

Notes: All permits expire on June 30th Duplicate licenses cost \$5.00 There is a \$20 charge for returned checks

FOR OFFICE USE ONLY

Total fees from reverse side: \$ _____ Ck#: _____ Date: _____

IF A CHANGE OF OPERATOR GIVE THE NAME OF THE FORMER OPERATOR AND ESTABLISHMENT:

Former Operator

Name of Establishment

I.D. Number

FEE SCHEDULE

License Category	Description	License Code	Fee	Amount Due
Restaurant/Limited		01	275.00	
Restaurant	<\$25,000	02A	L M C *	485.00
Restaurant	\$25,000-\$249,999	02B	L M C *	648.00
Restaurant	\$250,000-\$999,999	02C	L M C *	841.00
Restaurant	\$1,000,000+	02D	L M C *	990.00
<input type="checkbox"/> Temporary Restaurant		29A		133.00
<input type="checkbox"/> Temporary Inspection only				35.00
Micro Markets	1 market/2+ in same bldg.	Micro Market		40.00 / 60.00
Retail Food - No Food Processing		70-55		64.00
Retail Food - With Processing / PHF	<\$25,000	70-44/70-44A		129.00
Retail Food - Non-Potentially Hazardous	\$25,000+	70-33		257.00
Retail Food - Potentially Hazardous	>\$25,000 <\$250,000	70-22B		608.00
Retail Food - Potentially Hazardous	>\$250,000 <\$1,000,000	70-22C		791.00
Retail Food- Potentially Hazardous	>\$1,000,000 <\$2,000,000	70-11D		1045.00
Retail Food- Potentially Hazardous	>\$2,000,000 <\$5,000,000	70-11E		1250.00
Retail Food - Potentially Hazardous	>\$5,000,000 <\$10,000,000	70-11F		1535.00
Retail Food - Potentially Hazardous	>\$10,000,000	70-11G		1566.00
Lodging •	5-30 rooms	03/05		393.00
Lodging •	31-99 rooms	04/06		415.00
Lodging •	100-199 rooms	32/33		445.00
Lodging •	200 or more rooms	35/36		450.00
• Complete for Lodging	Total # Units: X \$1.33=			
Tourist Rooming House		07		238.00
Bed & Breakfast	1-yr license	34		139.00
Pool type:	1-Primary	Add Code:		770.00
Pool type:	2-Secondary (include outdoor/seas)	Add Code:		541.00
Pool type:	3-Additional #-----	Add Code:		433.00
Recreational/Educational Camp		53		234.00
Campground ▲	1 - 101+ Sites	60-63		278.00
▲ Complete for Campgrounds	Total # Units: X \$1.33=			
Mobile Home Park ■ (info on fee schedule attachment)				
■ Complete for Mobile Home Parks	Total # Units: X \$1.33=			
Body Art Single Parlor: <input type="checkbox"/> 80-tattoo <input type="checkbox"/> 81-piercing <input type="checkbox"/> 85-temp tattoo <input type="checkbox"/> 86-temp piercing				151.00 / 92.00
80 – tattoo; 81 – body piercing;				
Body Art Combined Parlor: <input type="checkbox"/> 82-tattoo/body piercing <input type="checkbox"/> 87-temporary tattoo/body piercing				227.00 / 92.00
Special Condition Inspection				192.00
Significant Remodeling/PI Fees: Full license fee: New or w/significant remodeling (C/O or no C/O) _____ Half of license fee: C/O no or minor remodeling _____				
Water Testing Fees		Nitrite \$15.00	Bacti/Nitrate \$36.00	
Reinspection Fee (First=\$100; Second=\$200; Third=\$300)				\$100/\$200/\$300
Circle for risk code (L=Low, M=Moderate, C=Complex)		TOTAL DUE (transfer to reverse side)		