



**ASHLAND COUNTY HEALTH & HUMAN SERVICES**  
 630 Sanborn Ave, Ashland, WI 54806 – 715-682-7028 ext 163 (Pam) or 170 (Taia)  
[taia.mccolley@ashlandcountywi.gov](mailto:taia.mccolley@ashlandcountywi.gov) or [pam.feustel@ashlandcountywi.gov](mailto:pam.feustel@ashlandcountywi.gov)

**License Application**  
**Special Event Campground**  
*Wis. Admin Code ch. ATCP 79*

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 Ashland County HHS and mail to the address listed below. Incomplete information may delay processing your application.

**Please Type or Print Only**

<b>EVENT INFORMATION:</b>			
NAME OF EVENT:		COUNTY:	
ESTABLISHMENT STREET ADDRESS:		CITY:	STATE:      ZIP:
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):		EMAIL ADDRESS:	PHONE: (      )      -
DATE AND DURATION OF EVENT		TOTAL NUMBER OF CAMPSITES	
ESTIMATED NUMBER OF CAMPERS (NUMBER OF CAMPSITES * 6)		AREA OF LAND FOR INTENDED USE OF THE CAMPGROUND	

WATER SUPPLY (check one):    MUNICIPAL    PRIVATE WELL    ALTERNATIVE _____			
*Submit coliform bacterial analysis performed on private well(s) with this application			
WASTEWATER: Number of Toilets to be provided:			
Required Water Closets – Males 1 per 125	Required Water Closets – Female 1 per 65	Required Lavatories 1 per 200	
PORTABLE TOILETS Name of portable toilet service provider		FLUSH TOILETS	
NUMBER OF MALES	NUMBER OF FEMALES	NUMBER OF MALES	
NUMBER OF FEMALES	NUMBER OF LAVATORIES	NUMBER OF FEMALES	
NUMBER OF LAVATORIES		NUMBER OF LAVATORIES	
GARBAGE CONTAINERS (INDCATE NUMBER / AMOUNT):		Name of Garbage Removal Service	

<b>LICENSE FEES – Check appropriate license category</b>	
<input type="checkbox"/> 1 – 25 Sites	<b>Total Fee \$205</b>
<input type="checkbox"/> 26-50 Sites	<b>Total Fee \$290</b>
<input type="checkbox"/> 51-100 Sites	<b>Total Fee \$355</b>
<input type="checkbox"/> 101-199 Sites	<b>Total Fee \$410</b>
<input type="checkbox"/> Over 200 Sites	<b>Total Fee \$475</b>
Total Amount Enclosed: \$	Check Number:

**Make checks or money orders payable to Ashland County Health and Human Services (HHS). Send it along with your application to the Ashland County Health Department, 630 Sanborn Ave., Ashland, WI 54806**

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 for which it was originally collected. Wis Stat 15.04(1)(m)

\_\_\_\_\_  
Signature of Licensee or Agent

\_\_\_\_\_  
Date



# ASHLAND COUNTY HEALTH & HUMAN SERVICES

## License Application Special Event Campground

*Wis. Admin Code ch. ATCP 79*

### Plan Requirements:

Submit plans for the campground with your application.

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 hand washing 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 agent.

Note: Operators must consult with 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: Submit a drawing of the proposed campground including all applicable items from the plan submittal checklist. Plans must be drawn to scale with a scale indicating 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"/> Potable Drinking Water or Free Bottled Water Provided
<input type="checkbox"/> Power (check one):	
<input type="checkbox"/> Electricity Provided	
<input type="checkbox"/> Gas Generators	