



Recreational and Lodging Application

LICENSE REQUIREMENTS:

- Annual licenses run July 1 - June 30
- A license is required for any owner, operator or agents of the following:



Any hotel, motel,
tourist rooming house



Bed and breakfast
establishments



Public swimming pools



Campgrounds, recreational or
educational camps

HOW TO APPLY:

Submit this completed application and additional forms, as required. Be sure to sign and date the application.

- Include a complete set of proposed drawings, if applicable.
- Include DSPS approval letter (pool construction)
- A plan review may be required.
- A pre-inspection of all premises is required prior to any licensure.

LICENSE FEES:

- License fees vary, depending on facility type.
- The sanitarian will determine the license fee.
- Payment must be submitted prior to the issuance of the license.
- Payment is accepted **only in cash or check** made payable to NSEHC.

CONTACT INFORMATION FOR PHYSICAL LOCATION

Common Name (Doing Business As):			Email:	
Business Address (Location of facility):			Business Phone:	
City:	State:	ZIP Code:	Fax Number:	
Name of Contact at Facility:			Home phone:	Cell phone:

CONTACT INFORMATION FOR LICENSEE

Licensee (individual, partnership or corporation):			Owner/Franchisee Name:	
Email (if different from facility email):			Business Phone (if different from facility phone):	
Billing Address (if different from facility location):			Fax Number (if different from facility fax):	
City:	State:	ZIP Code:	Home phone:	Cell phone:
Mail renewal notification to: <input type="checkbox"/> Physical Location Address <input type="checkbox"/> Licensee Address				

TYPE OF PERMIT

POOLS

Indicate number of each type of pool on property.

___ Activity	___ Leisure/lazy river	___ Therapy	___ Wave
___ Cold Soak (<72°F)	___ Plunge	___ Vanishing Edge	___ Water Attraction
___ Combination	___ Splash Pad	___ Vortex	(climbing wall, slides, etc.)
___ Exercise	___ Swimming	___ Wading	___ Whirlpool
___ Other: _____			

LODGING

Indicate correct category of lodging.

<input type="checkbox"/> Hotel/Motel (5-30 rooms)	<input type="checkbox"/> Hotel/Motel (100-199 rooms)	<input type="checkbox"/> Bed and Breakfast
<input type="checkbox"/> Hotel/Motel (31-99 rooms)	<input type="checkbox"/> Hotel/Motel (200+ rooms)	<input type="checkbox"/> Tourist Rooming House

Do you have food service or a food store for tourists, transients or guests on your premises?

Yes No

By signing below, I certify that all the information on this application is correct and acknowledge that any change in the information on the application shall be reported to the North Shore Environmental Health Consortium (NSEHC) within 10 days of the change. I shall promptly notify the NSEHC in writing if my establishment ceases operation. My signature below also acknowledges 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), including Wisconsin Stats. 254, and ATCP 72 and 76. For a copy of the most recent Wisconsin codes, please visit: <https://www.nshealthdept.org/Licensing.aspx>

Signature of licensee or agent	Title	Date

To receive your license, mail this completed application and additional forms, as required, to:

North Shore Environmental Health Consortium (NSEHC)
4800 West Green Brook Dr.
Brown Deer, WI 53223

Or email to:

nshd@nshealthdept.org

Upon receipt and review of your application, you will be contacted to discuss any pre-opening requirements and charges for your establishment.

Do not send any payment at this time.

Within 30 days of receipt of a completed application for a facility license, the NSEHC shall either approve or deny the application. If the application for a license is denied, the NSEHC shall give the applicant reason, in writing, for the denial. A license shall not be issued to an operator without prior inspection and all applicable fees paid. License will be issued according to Wisconsin Statutes Chapter 254.