

Pool License Application

Submit Application with Fee to:

Marathon County Health Department
1000 Lake View Drive Suite 100
Wausau, WI 54403

OFFICE USE ONLY: Record ID: _____

For questions, to get help completing this application in another language, or to contact a sanitarian, call Environmental Health at (715) 261-1900 or Health@co.marathon.wi.us.

Make checks payable to: Marathon County Health Department. License fees are non-refundable.

Payments can be made with a credit/debit card at: <https://client.pointandpay.net/web/marathonhealthdept>

All information is required.

A. PLAN REVIEW

A plan review may be required for new construction or for establishments with remodels or other significant changes.

Choose one:

- New construction, remodel or other changes. A sanitarian will contact you to see if a plan review is needed.
 Existing facility, no remodeling or changes.

B. ESTABLISHMENT INFORMATION:

BUSINESS NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

MUNICIPALITY (VILLAGE/TOWN/CITY):

WATER SUPPLY (CHECK ONE):

Public Private

SEWAGE DISPOSAL (CHECK ONE):

Public Private

LOCAL CONTACT PERSON:

LOCAL CONTACT PHONE NUMBER:

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LOCAL CONTACT EMAIL:

C. LICENSE HOLDER INFORMATION

LICENSE HOLDER LEGAL NAME (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):

MAILING ADDRESS:

CITY, STATE, ZIP:

CONTACT PERSON:

CONTACT PERSON PHONE NUMBER:

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LICENSE HOLDER CONTACT EMAIL:

Updated January 2024



D. LICENSE TYPE

Pools

- Simple Pools
- Simple Pools with Features
- Moderate Pools
- Moderate Pools with Features
- Complex Pools
- Complex Pools with Features

* "Feature" means a pool with a depth greater than 16 feet, a pool with a surface area greater than 20,000 sq. ft., or a physical object permanently installed in a pool that is intended for recreational use including, a pool slide, waterslide, pad walk, basketball hoop, diving board, wave generator, treadmill, vortex pool, climbing wall, current pool, swim-up bar, vanishing edge pool, tethered or nontethered floatable, or a spray feature.

E. VERIFICATION AND SIGNATURE

All information requested on this application must be provided to obtain an establishment license. Operating without a license is a violation of Wisconsin Law. If you have been operating without a license, you will be required to pay an operating without a license fee equal to double the Annual Fee in addition to the License Fee. Licenses are not transferable between persons or locations. Licenses expire annually on June 30; unless issued on or after April 1, which will expire on June 30th of the following year. The license fee is not prorated for partial license years.

1. I, the undersigned, hereby make application for an establishment license for the establishment described herein and certify the accuracy of that information. I further certify I am the owner of the described establishment, or a duly authorized representative, and may sign this license application on behalf of the owner(s) of the establishment, and I have read and understand the requirements of this license and will operate the establishment in compliance with those requirements. I understand that failure to provide accurate information or to comply with any provisions of the license may render it null and void and may result in enforcement action.
2. I, the undersigned, hereby consent to entry on the premises of the establishment by employees of the Marathon County Health Department at any reasonable time to inspect for compliance with applicable rules and regulations associated with the license. This consent is valid for the term of the license.

SIGNATURE – APPLICANT:

DATE SIGNED:

Complexity Assessment

Determining Factors:

- | | |
|---|-----|
| <input type="checkbox"/> Basin | 1.0 |
| <input type="checkbox"/> The pool type is a whirlpool or therapy pool. | 1.0 |
| Chose the applicable recirculation system: | |
| <input type="checkbox"/> Recirculation system is designated to a single pool basin. | 1.0 |
| <input type="checkbox"/> Recirculation system is shared with another pool basin. | 0.5 |
| <input type="checkbox"/> The basin is greater than 1,999 square feet in area. | 1.0 |
| <input type="checkbox"/> The pool is defined as a water attraction | 1.0 |

Total Points

Check the box that matches your point total to determine complexity:

- 0 – 2 = Simple 3 = Moderate ≥3.5 = Complex

Pool License Fees

Check the box next to your appropriate license fee. License fees effective 1/1/2024.

License Type	Pool Category	Annual Fee	State Reimbursement Fee	Pre-inspection (PI) Fee	License Fee (Annual + Reimbursement + PI)	
Recreational/Educational Camp	Simple pool	\$374.00	\$24.96	\$399.36	\$798.72	<input type="checkbox"/>
	Simple pool w/Features	\$587.00	\$41.40	\$628.40	\$1,256.80	<input type="checkbox"/>
	Moderate pool	\$468.00	\$37.44	\$505.44	\$1,010.88	<input type="checkbox"/>
	Moderate pool w/Features	\$630.00	\$54.00	\$684.00	\$1,368.00	<input type="checkbox"/>
	Complex pool	\$546.00	\$46.80	\$592.80	\$1,185.60	<input type="checkbox"/>
	Complex pool w/ Features	\$843.00	\$63.24	\$906.24	\$1,812.48	<input type="checkbox"/>