SPECIAL EVENT CAMPGROUND APPLICATION

(This application and fee must be submitte	ed to the Marathon County Health event.) 2024	Department at least 30 days prior to the						
Name of Event								
Location of Event								
Date(s) of Event	Duration	of Event						
Name of Licensee (Contact Person)		Phone						
Mailing Address								
Email Address	Oity	State Zip .						
Total # of Campsites E	stimated # of Campers (# of can	npsites X 6)						
Acreage for campground use (maximum of	50 campsites/acre)							
Fee submitted (check one): \$344.40 (1-25 sites)\$408.99 (26-50 site code 64 code 65								
WATER SUPPLY: Municipal Name	of Village/City/Town							
□ Private*	Well Address							
*Please submit bacteria and	I nitrate analysis performed or	well with this application.						
WASTEWATER: Number of toilets to be pr	ovided (see table below)							
Required Water Closets - Males	Required Water Closets - Fema	ales Required Lavatories						
1 per 125	1 per 65	1 per 200						
I	Please Complete Table Below							
Portable Toilets: Number of Males	Number of Females	Number of Lavatories						
Flush Toilets: Number of Males	Number of Females	Number of Hand Wash Sinks						
Name of Licensed Disposer Serving Portabl	e Toilets	Phone						
SOLID WASTE: Name of Solid Waste Rem	oval Service	Phone						

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Provide a site drawing - Show the total area designated for campsites (sq. ft. or acres). (Please include the following: campsites, toilets, shower facilities if applicable, designated parking areas, setbacks from streets, water outlets, garbage/refuse containers, and permanent buildings if applicable.)

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SIGNATURE:

I certify that I am familiar with Chapter ATCP 79, Campgrounds, Wisconsin Administrative Code and the abovedescribed establishment will be operated and maintained in accordance with all applicable regulations.

Applicant's Printed Name

Signature_____

Date

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