



PublicHealth
Prevent. Promote. Protect.
Winnebago County

WINNEBAGO COUNTY HEALTH DEPARTMENT
2021/2022 SPECIAL EVENT CAMPGROUND APPLICATION
Before completing this application, read Special Event Campground Guidelines.
Have you read this material? Yes No

Name of Event	Event Address	City	State	Zip Code
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Legal Licensee	Licensee Address	City	State	Zip Code	Phone Number
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Event Start Date	Event End Date	On Site Contact Name/Cell Phone Number
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1) Number of Campsites Per ATCP 79 - maximum of 20 sites per acre

Acres x 20 = # of sites # of sites x 6 = # of people camping Please answer the following:

- A) Area of land for the intended use of the campground: _____
- B) Total number of campsites: _____
- C) Estimated number of people camping: _____

2) Wastewater: Number of toilets to be provided :

	Portable Toilets	Flush Toilets
Number of Male (1 per 125 required)		
Number of Female (1 per 65 required)		
Number of Lavatories (1 per 200 required)		

Licensed disposer servicing the portable toilets or independent units:

Name: _____ Phone Number: _____

Address: _____

3) Potable Water Source: must be within 400 feet of campsites

Municipal Private Well **If private well – submit coliform bacterial analysis performed on well(s) with this application.**

Water Source Address: _____

Water Distribution Method: _____

5) Solid Waste/Garbage Removal Service:

Name: _____ Phone Number: _____

Address: _____

6) **Fees:** Based on number of sites. Check the appropriate box and pay the applicable fee.

<input type="checkbox"/> 1-25 sites (RT1) \$208.00	<input type="checkbox"/> 26-50 sites (RT2) \$280.00	<input type="checkbox"/> 51-99 sites (RT3) \$348.00	<input type="checkbox"/> 100-199 sites (RT4) \$417.00	<input type="checkbox"/> 200-499 (RT5) \$486.00	<input type="checkbox"/> 500+ (RT6) \$604.00
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<p>Make Check Payable To: Winnebago County Health Department</p>	<p>Submit To: Winnebago County Health Department 112 Otter Ave PO Box 2808 Oshkosh, WI 54903-2808</p>
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7) **PROVIDE A SITE DRAWING OF YOUR INTENDED SPECIAL EVENT CAMPGROUND:**

Attach a diagram of the campsite. Show the total area designated for campsites (Square feet or acres) and check off the features included in the plan.

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|---|---|
| <input type="checkbox"/> Campsites (minimum 800 sq ft for sites created after 2/1/16) | <input type="checkbox"/> Handwashing/Hand Sanitizing Facilities |
| <input type="checkbox"/> Waste water disposal | <input type="checkbox"/> Garbage/refuse container |
| <input type="checkbox"/> Toilets and Urinals | <input type="checkbox"/> Permanent buildings |
| <input type="checkbox"/> Showers | <input type="checkbox"/> Free bottled water provided |
| <input type="checkbox"/> Power: check one | <input type="checkbox"/> Water Outlets |
| <input type="checkbox"/> Electricity provided | |
| <input type="checkbox"/> Gas generator | |
| <input type="checkbox"/> Parking Areas | |

I certify that I am familiar with the special event campground requirements, WI Adm. Code Chapter ATCP 79 campgrounds and the described establishment will be operated and maintained in accordance with all applicable regulations.

Applicant's Printed Name Applicant's Signature Date

FOR OFFICE USE ONLY		
Amount Paid: _____	Date _____	Permit Issued: _____