



**PublicHealth**  
Prevent. Promote. Protect.  
**Winnebago County**

**WINNEBAGO COUNTY HEALTH DEPARTMENT**  
**2022/2023 SPECIAL EVENT CAMPGROUND APPLICATION**  
**Before completing this application, read Special Event Campground Guidelines.**  
**Have you read this material?  Yes  No**

<b>Name of Event</b>	<b>Event Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Legal Licensee</b>	<b>Licensee Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone Number</b>
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<b>Event Start Date</b>	<b>Event End Date</b>	<b>On Site Contact Name/Cell Phone Number</b>
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**Contact email** \_\_\_\_\_

**1) Number of Campsites = 54 sites/acre. Campsites must measure 800 sq ft minimum (20X40)**

# Acres x 54 = # 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 :

	<b>Portable Toilets</b>	<b>Flush Toilets</b>
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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<b>Make Check Payable To:</b> Winnebago County Health Department	<b>Submit To:</b> Winnebago County Health Department 112 Otter Ave   PO Box 2808 Oshkosh, WI 54903-2808
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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.

- Campsites (minimum 800 sq ft)
- Waste water disposal
- Toilets and Urinals
- Showers
- Power: check one
- Electricity provided
- Gas generator
- Parking Areas
- Handwashing/Hand Sanitizing Facilities
- Garbage/refuse container
- Permanent buildings
- Free bottled water provided
- Water Outlets

**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: \_\_\_\_\_