

Additional Practitioners

Name

License Number

_____	_____
_____	_____
_____	_____
_____	_____

OTHER FEES

- | | |
|---|--------------------|
| <input type="checkbox"/> NSF Fee (includes account closed or check non-payable) | \$150.00 |
| <input type="checkbox"/> Operating without a License | Double License Fee |
| <input type="checkbox"/> No Certified Operator ... will be given 30-day warning for first offense | \$150.00 |
| <input type="checkbox"/> Special Inspection | \$175.00 |
| <input type="checkbox"/> Duplicate Permit | \$ 20.00 |
| <input type="checkbox"/> Re-inspection Fee (\$200.00 for each additional repeat inspection) | \$ 50.00 |
| Total | \$ _____ |

Pre-Licensing Insp. Fee	License Fee	Other Fees (if applicable)	Total Fees
\$ _____ +	\$ _____ +	\$ _____ =	\$ _____

Forward completed application and fee to:

Wood County Health Department
 Attn: Environmental Health
 111 W Jackson Street
 Wisconsin Rapids WI 54495

Phone (715) 421-8911 or (715) 387-8646

Make check or money order payable to: **Wood County Health Department**