

REHA Establishment License Application

Food Safety and Recreational Licensing Marquette & Green Lake County Code of Ordinances: Chapter 39 & 148

2025-2026

Establishment Information						
Establishment Name/DBA Name		Establishment Telepho	Establishment Telephone () -			
		() -				
Establishment Street Address, City, State and Zip Code		Preferred Email Addre	Preferred Email Address			
Legal Licensee (name of sole proprietor or partnership or LLC, LLP, Inc)		Facility Manager Emai	Facility Manager Email Address (If Applicable)			
Licensee Street Address, City, State and Zip	Code	Licensee/owner Teleph	none			
		() -				
Licensee/Owner Name		Facility manager or Pe	Facility manager or Person in charge			
		() -				
Name of Former Business, If Applicable			Nater Source Wastewater Discharge			
		☐ Public ☐ Private	☐Public ☐Private			
Check the appropriate category for each of	the following sections (pre-	-inspection fees apply for ar	ny change of operator)			
Retail Food Service (includes mobile unit	re)					
Serving Meals (Greater than 50% of gross sales)		Fee + Pre-Inspection Fee	= Total Fee			
Prepackaged	\$184.00	\$184.00	\$368.00			
Simple	\$350.00	\$350.00	\$700.00			
Moderate	\$492.00	\$492.00	\$980.00			
Complex	\$680.00	\$680.00	\$1,360.00			
Mobile Base	\$75.00	\$75.00	\$150.00			
Not Serving Meals (Greater than 50% of gross sa	ales) Permit Fe	ee + Pre-Inspection Fee	= <u>Total Fee</u>			
☐ Micro Markets – 1 Location / Prepackaged	\$40.00	N/A	\$40.00			
Micro Markets - 2 Locations/Prepackaged	\$60.00	N/A	\$60.00			
☐ TCS	\$74.00	\$74.00	\$148.00			
☐ Simple (Final product non-TCS)	\$99.00	\$99.00	\$198.00			
☐ Simple TCS	\$197.00		\$394.00			
Moderate	\$410.00		\$820.00			
Complex	\$1,044.0	00 \$1,044.00	\$2,088.00			
Mobile Base	\$75.00	\$75.00	\$150.00			
-TCS = Time/Temperature Control for Safety	Foods					
Certified Food Protection Manager (Name & Certification No.)		Exp	Expiration Date			
	,					
Lodging	Permit I	Fee + Pre-Inspection Fee	= Total Fee			
Bed & Breakfast (8 rooms or less)	\$154.00		\$308.00			
☐ Tourist Rooming House (1-4 keyed entry/pro			\$496.00			
Hotel / Motel / Resort (5-30 rooms)	\$293.00	****	\$586.00			
Hotel / Motel / Resort (31-99 rooms)	\$447.00		\$894.00			
☐ Hotel / Motel / Resort (100-199 rooms)	\$587.00		\$1,174.00			
Hotel / Motel / Resort (200+ rooms)	\$701.00	\$701.00	\$1,402.00			
Total number of rooms:	Number of Stories:	Number of Occupan	ts.			
Total number of rooms:	Number of Stoffes.	Number of Occupan	<u> </u>			

Campground	Permit Fee	+	Pre-Inspection Fee	=	Total Fee		
Campground (1-25 sites)	\$252.00		\$252.00		\$504.00		
Campground (26-50 sites)	\$349.00		\$349.00		\$698.00		
Campground (51-100 sites)	\$410.00		\$410.00		\$820.00		
☐ Campground (101-199 sites)	\$458.00		\$458.00		\$916.00		
☐ Campground (200+ sites)	\$528.00		\$528.00		\$1,056.00		
-Department approval required for new/altered/modified site plans.							
Recreational & Educational Camps	Permit Fee	+	Pre-Inspection Fee	=	Total Fee		
Simple	\$458.00		\$458.00		\$1,749.00		
Simple with Hospitality	\$535.00		\$535.00		\$1,905.00		
☐ Moderate	\$524.00		\$524.00		\$1,874.00		
☐ Moderate with Hospitality	\$601.00		\$601.00		\$2,200.00		
Complex	\$590.00		\$590.00		\$1,998.00		
Complex with Hospitality	\$667.00		\$667.00		\$2,449.00		
	Ψοστ.σσ		Ψ007.00		Ψ2,443.00		
Public Pools and Water Attractions	Permit Fee	+	Pre-Inspection Fee	=	Total Fee		
Simple	\$347.00		\$347.00		\$694.00		
☐ Simple with Features	\$490.00		\$490.00		\$980.00		
☐ Moderate	\$457.00		\$457.00		\$914.00		
Moderate with Features	\$600.00		\$600.00		\$1,200.00		
☐ Complex	\$539.00		\$539.00		\$1,078.00		
☐ Complex with Features	\$682.00		\$682.00		\$1,156.00		
-WI Department of Safety & Professional Services plan approval req		Itere			41,100.00		
		_		_			
Tattoo & Body Piercing Establishments	Permit Fee	+	Pre-inspection Fee	=	Total Fee		
Tattoo Establishments	\$235.00		\$235.00		\$270.00 \$270.00		
Body Piercing Establishments	\$235.00		\$235.00		\$270.00		
State of Wisconsin Tattooist / Body-Piercer (Name & Certification No.) Expiration Date					tion Date		
. '							
Total Amount Enclosed: \$	Check Number:						
Electronic Payment Options:	Make C	hec	ks Pavable To: M	lard	uette County- REHA		
https://client.pointandpay.net/web/	Make Checks Payable To: Marquette County- REHA						
marquettecountyhealthdept	Mail Completed Application and Payment To:						
Or	Marquette County Health Department Attention: REHA						
	428 Underwood Ave						
Use the QR Code :	Montello, WI 53949						
By signing below, you agree to comply with the codes, statutes, and local ordinances that apply to your facility. You are also acknowledging that you have received a copy of the applicable Food Safety and Recreational Licensing codes (or) have been told where a copy can be obtained.							
Signature – Applicant	Date Signed						
Contact II	nformatio	٦p.					

Contact Information

Website: www.co.marquette.wi.us/departments/health/environmental-health

Email: REHA@co.marquette.wi.us

Fiscal: Marquette County Office

428 Underwood Ave Montello, WI 53949 608-297-3135 Green Lake County Office 571 County Road A Green Lake, WI 54941 920-294-4070