License Application: **SPECIAL EVENT CAMPGROUND** "Special Event" means a single event such as a fair, rally or festival involving the gathering of camping units for a maximum of 7 consecutive nights.

(Please submit this application at least 30 days before event).

Name of the Event				Date and Du of Event	Date and Duration of Event				
Event Address									
Licensee Name	;			Phone Number					
Licensee Address			City, State				Zip		
Name of Contact Person				Phone Number					
. Estimated Nu	mber Campers:			of 50 sites per ac Estimated Num			Number	of sites;	
. Total Number	r of Sites:	_							
. Acres of Land	for the Intended Use of Campa	ground:							
	Number of toilets to be provide e toilets must be located betwee			ne 50% Males an	nd 50% I	Females).			
	Required Number of Water Closets (Toilets)				Required Number of Hand-washing Units				
	Males - 1 per 125	Females - 1 per 65			1 per 200 persons				
]	Number of Males		Number of Females			Total Number of Persons			
	Required Number of Toilets for Males Required Number of Toilets (Number of Males divided by 125) (Number of Females divided by 125)			ded by 65) wash Sinks (mber of Hand- Total Number of vided by 200)		
					wash	Sinks (T	otal Num	ber of	
(Numbe	r of Males divided by 125)	(Numbe	r of Females div		wash Per	Sinks (T sons divid	otal Num ded by 20	ber of 0)	
(Numbe	r of Males divided by 125)tor servicing the	(Numbe	r of Females div	ided by 65)	wash Per	Sinks (T sons divid	otal Num ded by 20	ber of 0)	
(Numbe	r of Males divided by 125)tor servicing the and/or independent units	(Numbe	r of Females div	ided by 65)	wash Per	Sinks (T sons divid	otal Num ded by 20	ber of 0)	
(Numbe	r of Males divided by 125)tor servicing the and/or independent units	(Numbe Name: re are you obt	r of Females div	ided by 65)	wash a Per	Sinks (T sons divid	otal Num ded by 20	ber of 0)	

The water supply must be from a safe and approved source. **Submit results of bacterial and nitrate testing**, performed by a laboratory state certified to test water, along with this application. **Note:** Water outlets must be located within 400' from campsites. Water distribution system must be of approved materials, i.e., hoses must be food grade material and protected from backflow and backsiphoning by approved back flow preventors.

6. Solid Waste/Garbage Removal Service:	Name
Address:	Phone Number:
	tended campground (Attach additional pages.)
Show the total area designated for campsite	es (square feet or acres) and use the following symbols for their scaled locations:
Water Wells WW Water Supply Outlets WSO Toilet Facilities TF	Solid Waste Containers WShower Facilities SHTent Camping Units TCUPermanent Buildings PBSelf-Contained (RV) Units RVDesignated Parking Areas P
8. <u>Special Event Campground Fees Are Ba</u>	used Upon the Number of Sites as follows:
1 - 25 \$ 100.00 $26 - 50$ \$ 110.	00 $51 - 100$ \$120.00 $101 - 199$ \$150.00 200 or more \$210.00
Planning?	the special event campground from your municipality or Waukesha County Division of No If yes, please attach. If no, please obtain your zoning approval and attach before submitting this application.
	r HFS 178, Campgrounds, Wisconsin Administrative Code and the above described facility ordance with all applicable regulations.
Applicant's Printed Name Department Comments:	Applicant's Signature Date
Approved by:	Date:
Copy to Applicant:In Person	Mailed Date
Copy to MunicipalityMailed	Faxed Date

Submit this application and appropriate fees to: Waukesha County Department of Parks and Land Use, Division of Environmental Health, 515 W. Moreland Blvd., AC Room 260, Waukesha, WI 53188-3868