## **Department of Public Health**

Dottie-Kay Bowersox, MSA Public Health Administrator

730 Washington Avenue Racine, Wisconsin 53403 262-636-9201 262-636-9564 FAX

DATE OF BIRTH



Website: <a href="www.cityofracine.org/Health@cityofracine.org">www.cityofracine.org/Health@cityofracine.org</a>/
Email: <a href="mailto:publichealth@cityofracine.org">publichealth@cityofracine.org</a>/

Environmental Health Division 262-636-9203 Community Health Division 262-636-9431 Laboratory Division 262-636-9571

## **Lodging & Recreational Establishment License Application**

Make checks payable to "City of Racine."

To pay by credit card, fill out card information on the last page of application if not paying in person.

\*There is a 3.95% service fee for credit cards.

	ere is a 3.95% service				
NAME OF LICENSEE (INDIVIDUAL, LLC, CORP, INC, ETC)		ESTABLISHMENT NAM	ИE		
MAILING ADDRESS		ESTABLISHMENT ADDRESS			
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE			
NAME OF CONTACT, TITLE		NAME OF LOCAL CONTACT IF DIFFERENT, TITLE			
CONTACT PHONE NUMBER		ESTABLISHMENT PHONE NUMBER			
CONTACT EMAIL ADDRESS		ESTABLISHMENT EMAIL ADDRESS			
Are you planning on remodeling? ☐ Yes	□No	1			
Are you planning on remodering?					
If yes, please provide construction p	lans.				
Date Paid:	Receipt #:		Payment Method:		
Pre-Inspection Fee:	License Fee:		Total Paid:		
(See back for fee schedule)					
All establishments shall be require	ed to have appropriate	nermit(s)/license(s) s	as described in the City Ordinance.		
All establishments shall comply with the requirements of the Wisconsin Administrative Code.  The fees for the appropriate permit(s)/license(s) are due and payable before the first issuance of such permit(s)/license(s), and					
ANNUALLY BEFORE JUNE 30 <sup>TH</sup> EACH YEAR. Licenses are not transferable between persons or locations. The license					
fee is not prorated for partial license years. All fees are non-refundable.					
* OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A PENALTY ACCORDING TO MUNICIPAL AND					
		CODES. *			
All establishments		on before a new permi	it/license is granted.		
	J I	1	2		
SIGNING BELOW	INDICATES YOU A	GREE TO THE ABO	OVE TERMS		
APPLICANT SIGNATURE		PRINT NAME			

*Lodging Establishments				
Facility Type	Pre-Inspection Fee	License Fee		
Hotel/Motel-5-30 Rooms	\$540.00	\$270.00		
Hotel/Motel-31-99 Rooms	\$750.00	\$425.00		
Hotel/Motel-100-199 Rooms	\$895.00	\$570.00		
Hotel/Motel-200+ Rooms	\$1,335.00	\$680.00		
Bed and Breakfast	\$340.00	\$220.00		
Rooming House	\$340.00	\$140.00		
Rooming House- Fee per Room	N/A	\$20.00		
Pool and Water Attractions				
Facility Type	Pre-Inspection Fee	License Fee		
Swimming Pool/Whirlpool	\$230.00	\$380.00		
Interactive Play Attraction	\$350.00	\$440.00		
Water Attraction w/ up to 2 slides or water slides per basin	\$405.00	\$510.00		
Additional pool slide or water slide	\$170.00	\$120.00		
Additional License per Basin	N/A	\$65.00		
Tattoo and Body Piercing Establishments				
Facility Type	Pre-Inspection Fee	License Fee		
Tattoo Establishment	\$310.00	\$215.00		
Body Piercing Establishment	\$310.00	\$215.00		
Combined Tattoo and Body Piercing Establishment	\$310.00	\$335.00		

<sup>\*</sup>Note: Tourist Rooming House is a separate application

## Credit Card Information: Credit card fee of 3.95% (minimum of \$1.50) applies

CREDIT CARD PAYMENT (MC OR VISA)	EXP DATE
BILLING ZIP CODE	CVV CODE(ON BACK OF CARD)
NAME AS SHOWN ON CARD	