

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

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Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division

262-636-9203

Community Health Division

262-636-9431

Laboratory Division

262-636-9571

Lodging, Recreational & Body Art Establishment License Application

Pursuant to Municipal Code Chapter 22

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.**

NAME OF LICENSEE (INDIVIDUAL, LLC, CORP, INC, ETC)	ESTABLISHMENT NAME
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe and provide construction plans on bottom of reverse side.	

Date Paid:	Receipt #:	Payment Method:
Pre-Inspection Fee:	License Fee:	Total Paid:

(See back for fee schedule)

<p>All establishments shall be required to have appropriate permit(s)/license(s) as described in the City Ordinance. All establishments shall comply with the requirements of the Wisconsin Administrative Code.</p> <p>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 30TH 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.</p> <p>* OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A PENALTY ACCORDING TO MUNICIPAL AND STATE CODES. *</p> <p>All establishments may need an inspection before a new permit/license is granted.</p>
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SIGNING BELOW INDICATES YOU AGREE TO THE ABOVE TERMS

APPLICANT SIGNATURE

PRINT NAME

DATE OF BIRTH

DATE APPLICATION SUBMITTED

*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	\$730.00
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
Simple	\$275.00	\$440.00
Simple with Features	\$300.00	\$475.00
Moderate	\$275.00	\$500.00
Moderate with Features	\$325.00	\$550.00
Complex	\$350.00	\$600.00
Complex with Features	\$400.00	\$650.00
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
Temporary Tattoo and/or Body Piercing	N/A	\$125.00

*Note: Tourist Rooming House is a separate application

REMODELING DESCRIPTION AND CONSTRUCTION PLANS

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	