

**Department of Public Health**

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Public Health Administrator  
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Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

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

**APPLICATION FOR PET SHOP LICENSE**

Pursuant to Municipal Code Chapter 22

PRINT CLEARLY AND ANSWER ALL QUESTIONS

Return Application with Payment to the City of Racine Department of Customer Service  
730 Washington Ave, Room 103, Racine, WI 53403 – Make Checks Payable to “CITY OF RACINE

NAME OF LICENSEE (INDIVIDUAL, LLC, CORP, INC, ETC)	ESTABLISHMENT NAME (DBA)
MAILING ADDRESS	CITY, STATE, ZIP CODE
ESTABLISHMENT ADDRESS	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, provide construction plans.	

Pet Shop Establishment – Fees		
Facility Type	Pre-Inspection Fee	License Fee
Pet Shop	\$190.00	\$225.00