

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

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



CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT
Serving the City of Racine and the Villages of Wind Point & Elmwood Park

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

APPLICATION FOR RETAIL FOOD ESTABLISHMENTS SERVING MEALS

**INSTRUCTIONS: PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS.
MAKE CHECKS PAYABLE TO "CITY OF RACINE."
TO PAY BY CREDIT CARD, FILL OUT CARD INFORMATION ON BACK OF APPLICATION.
RETURN WITH PAYMENT TO: CITY OF RACINE PUBLIC HEALTH DEPARTMENT
730 WASHINGTON AVE, ROOM #1, RACINE, WI 53403**

NAME OF LICENSEE / OPERATOR / CORP / LLC / ETC BUSINESS ADDRESS CONTACT PHONE

ESTABLISHMENT NAME ESTABLISHMENT ADDRESS ESTABLISHMENT PHONE

MAILING ADDRESS, IF DIFFERENT EMAIL ADDRESS

FEE LIST

ESTABLISHMENT TYPE	PRE-INSPECTION / APPLICATION FEE	ACCOUNT #	ANNUAL LICENSE FEE	ACCOUNT #
RESTAURANTS				
PRE-PACKAGED TCS FOOD	150.00 INSPHL	120 46590	305.00 FSL	120 44110
MOBILE BASE W/O FOOD PREP	150.00 INSPHL	120 46590	210.00 FSL	120 44110
SIMPLE	360.00 INSPHL	120 46590	320.00 FSL	120 44110
MODERATE	540.00 INSPHL	120 46590	570.00 FSL	120 44110
COMPLEX	880.00 INSPHL	120 46590	770.00 FSL	120 44110
ADDITIONAL AREA			120.00 FSL	120 44110
DPI SCHOOLS				
PRODUCTION KITCHEN – MOD/COMPLEX			485.00 FSL	120 47350
SATELLITE/REHEAT KITCHEN – SIMPLE			185.00 FSL	120 47350
DUPLICATE/REPLACEMENT PERMIT			20.00 FSL	120 46590

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

TERMS – READ THIS INFORMATION BEFORE SIGNING

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.
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. * **OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A \$850.00 PENALTY ACCORDING TO MUNICIPAL AND STATE CODES.** * All fees are non-refundable.
All establishments must be inspected before a new permit/license is granted. A report of inspection indicating that the establishment meets the local/state regulations is necessary before the permit/license will be signed/released.
All permits remain in effect during compliance with the term under which they are granted.
UPON APPROVAL TO THE DEPARTMENT, PERMITS WILL BE ISSUED WITHIN THIRTY (30) DAYS.

SIGNING BELOW INDICATES YOU AGREE TO THE ABOVE TERMS

APPLICANT SIGNATURE _____

PRINT NAME _____

DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH _____

Credit Card Information:

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