

**CITY OF RACINE APPLICATION FOR SHORT TERM RENTAL PERMIT
TOURIST ROOMING HOUSE PERMIT**

PURSUANT TO MUNICIPAL CODE CHAPTER 22

Licensing Period: July 1, 20__ – June 30, 20__ • **Application Date:** _____

<p>Please submit application and payment to:</p> <p>City of Racine Public Health Department City Hall 730 Washington Ave Room 1 Racine, WI 53403</p> <p>Phone: 262-636-9203 Fax: 262-636-9165</p> <p align="center">Application and payment may be made in office, through the mail, by fax, or (payment only) over the phone. Make checks payable to City of Racine.</p>	<p align="center">Payment Due with Application</p> <table><tr><td>Application and One-Time Inspection Fee:</td><td align="right">\$318.00</td></tr><tr><td colspan="2"><small>(Includes Building and Public Health Inspection- INSPHL)</small></td></tr><tr><td>Fire Department Inspection</td><td align="right">\$ 50.00</td></tr><tr><td>Annual Permit Fee (state mandated) INSPHL:</td><td align="right">\$197.00</td></tr><tr><td>Room Tax Permit Fee:</td><td align="right">\$ 3.00</td></tr><tr><td>Total Due:</td><td align="right">\$568.00</td></tr></table> <p>* WI Seller's Permit Fee (\$20) due to WI Department of Revenue</p> <p>Total Paid: _____ Date: _____ Receipt Number: _____ Method of Payment: _____</p> <p align="center"><small>Note: Permits will not be processed until proper fees are submitted.</small></p>	Application and One-Time Inspection Fee:	\$318.00	<small>(Includes Building and Public Health Inspection- INSPHL)</small>		Fire Department Inspection	\$ 50.00	Annual Permit Fee (state mandated) INSPHL:	\$197.00	Room Tax Permit Fee:	\$ 3.00	Total Due:	\$568.00
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Room Tax Permit Fee:	\$ 3.00												
Total Due:	\$568.00												

Property Address: _____

Property Owner Information

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Email: _____

Responsible Agent / Management Company (In Owner's Absence)

Name: _____
Phone: (____) _____ Email: _____

Property Information

Number of Rooms/Units Available for Rent: _____ Estimated Square Footage of Space for Rent: _____
Zoning: _____

State of Wisconsin Department of Revenue Seller's Permit

Name on Permit: _____ Permit Number: _____
Address: _____ City: _____ State: _____ Zip: _____

Please submit a copy of your State of Wisconsin Department of Revenue Seller's Permit with this application.

I, the undersigned, understand that by applying for this Tourist Rooming House license, that I am bound to all State Laws and Municipal Codes, including Chapter 22, Chapter 90, ATCP 72, and any other codes or regulations that may apply. I also grant that an inspection of this property may be conducted by all applicable inspectors prior to approval of this license. I hereby certify that the information provided is true and correct.

Signature: _____ Title: _____

Printed Name: _____ Date: _____