

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 LODGING FACILITY LICENSE

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 #
HOTEL/MOTEL				
5 TO 30 ROOMS	540.00 INSPHL	120 46590	270.00 HOTEL	120 44110
31 TO 99 ROOMS	750.00 INSPHL	120 46590	425.00 HOTEL	120 44110
100 TO 199 ROOMS	895.00 INSPHL	120 46590	570.00 HOTEL	120 44110
200 OR MORE ROOMS	1,335.00 INSPHL	120 46590	680.00 HOTEL	120 44110
BED & BREAKFAST	340.00 INSPHL	120 46590	220.00 HOTEL	120 44110
TOURIST ROOMING HOUSE	340.00 INSPHL	120 46590	210.00 HOTEL	120 44110
ROOMING HOUSE	340.00 INSPHL	120 46590	140.00 HOTEL	120 44110
ROOMING HOUSE FEE PER ROOM/# OF ROOMS: _____			20.00 HOTEL	120 44110
DUPLICATE/REPLACEMENT PERMIT			20.00 ENVOTH	120 46590

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

TERMS- READ THIS INFORMATION BEFORE SIGNING

<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. *OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A \$850.00 PENALTY ACCORDING TO MUNICIPAL AND STATE CODES. * All fees are non-refundable.</p>
<p>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.</p>

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		