

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
262-636-9201
262-636-9165 FAX



CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT

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 PET SHOP 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 (Fees do apply).
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 #
CITY LICENSE				
PET SHOP	190.00 INSPHL	120 46590	225.00 PETST	120 44110
DUPLICATE/REPLACEMENT PERMIT			20.00 ENVOTH	120 44110

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 30 TH 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 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	