

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator

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



**PUBLIC HEALTH DEPARTMENT**  
Serving the City of Racine and the  
Villages of Wind Point & Elmwood Park

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**

**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 #
<b>CITY LICENSE</b>				
PET SHOP	190.00 INSPHL	120 46590	225.00 PETST	120 44110
<b>DUPLICATE/REPLACEMENT PERMIT</b>			<b>20.00 ENVOTH</b>	120 44110

<b>Date Paid:</b>	<b>Receipt #:</b>	<b>Payment Method:</b>
<b>Pre-Inspection Fee:</b>	<b>License Fee:</b>	<b>Total Paid:</b>

**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 30<sup>TH</sup> EACH YEAR. * <b>OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A \$850.00 PENALTY ACCORDING TO MUNICIPAL AND STATE CODES.</b> * 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	