

DATE _____ RECEIPT # _____ AMOUNT _____



CITY OF RACINE, WISCONSIN

PUBLIC HEALTH DEPARTMENT

Serving the City of Racine and the Villages of Wind Point & Elmwood Park

APPLICATION FOR PET SHOP LICENSE

CITY OF RACINE ENVIRONMENTAL HEALTH
DIVISION

730 WASHINGTON AVENUE, ROOM #1

RACINE, WI 53403

PHONE: (262) 636-9203

FAX: (262) 636-9165

INSTRUCTIONS: Please **PRINT CLEARLY AND FILL IN ALL BLANKS.** Make check payable to "City of Racine."
Return to: **City of Racine Health Dept, Room #1**

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

ESTABLISHMENT NAME ESTABLISHMENT ADDRESS ESTABLISHMENT PHONE

MAILING ADDRESS, IF DIFFERENT EMAIL ADDRESS

FEE AMOUNT – Obtain fees from Fee List below.

License Fee \$ _____	Total Paid \$ _____
Pre-Inspection Fee \$ _____	Method of Payment _____

FEE LIST

ESTABLISHMENT TYPE	PRE-INSPECTION / APPLICATION FEE	ACCOUNT #	ANNUAL LICENSE FEE	ACCOUNT #
CITY LICENSE				
PET SHOP	192.00 INSPHL	120 46590	226.00 PETST	120 44110
DUPLICATE / REPLACEMENT PERMIT FEE			17.00 ENVOTH	120 46590

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 \$848.00 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 _____