

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 PUBLIC POOL, WHIRLPOOL, OR WATER ATTRACTION 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 # |
|--|------------------------------------|-----------|-----------------------|-----------|
| SWIMMING POOL / WHIRLPOOL | 230.00 INSPHL | 120 46590 | 380.00 POOL | 120 44110 |
| INTERACTIVE WATER PLAY ATTRACTION | 350.00 INSPHL | 120 46590 | 440.00 POOL | 120 44110 |
| WATER ATTRACTION W/UP TO 2 SLIDES OR WATER SLIDES/BASIN | 405.00 INSPHL | 120 46590 | 510.00 POOL | 120 44110 |
| ADDITIONAL POOL SLIDE OR WATER SLIDE/BASIN | 170.00 INSPHL | 120 46590 | 120.00 POOL | 120 44110 |
| ADDITIONAL PERMIT PER BASIN | | | 65.00 BASIN | 120 44110 |
| DUPLICATE / REPLACEMENT PERMIT FEE | | | 20.00 ENVOTH | 120 46590 |

| | | |
|---------------------|--------------|-----------------|
| 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 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.

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 PAYMENT (MC OR VISA) | EXP DATE |
| BILLING ZIP CODE | CVV CODE(ON BACK OF CARD) |
| NAME AS SHOWN ON CARD | |