

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

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Website: www.cityofracine.org/Health
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Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

Short Term Rental – Tourist Rooming House Permit Application

Pursuant to Municipal Code Chapter 22

COMPLETE BOTH SIDES OF APPLICATION

LICENSING PERIOD JULY 1, 20____ to JUNE 30, 20____	APPLICATION DATE
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PROPERTY INFORMATION	
ADDRESS	ESTABLISHMENT NAME
NUMBER OF ROOMS/UNITS AVAILABLE FOR RENT	ESTIMATED SQUARE FOOTAGE OF SPACE FOR RENT
ZONING INFORMATION	

OWNER INFORMATION	
NAME	NAME OF BUSINESS, LLC, OR CORPORATION, IF APPLICABLE
STREET ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

RESPONSIBLE AGENT/MANAGEMENT COMPANY (In Owner's Absence)	
NAME	MANAGEMENT COMPANY NAME, IF APPLICABLE
PHONE NUMBER	EMAIL ADDRESS

STATE OF WISCONSIN DEPARTMENT OF REVENUE SELLER'S PERMIT	
NAME ON PERMIT	PERMIT NUMBER
STREET ADDRESS	CITY, STATE, ZIP CODE

Submit a copy of your State of Wisconsin Department of Revenue Seller's Permit with application.

FOR DEPARTMENT USE ONLY		
DATE PAID	RECEIPT #	PAYMENT METHOD
PRE-INSPECTION FEE	LICENSE FEE	TOTAL PAID
RECEIVED DRIVER'S LICENSE	RECEIVED WI SELLER'S PERMIT	

All establishments shall be required to have appropriate permit(s)/license(s) as described by 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 EACH YEAR. Permit(s)/license(s) are not transferrable between persons or locations. The license fee is not prorated for partial license years. All fees are non-refundable. * OPERATING WITHOUT A PERMIT/LICENSE WILL RESULT IN A PENALTY ACCORDING TO MUNICIPAL AND STATE CODES. *
All establishments will need an inspection before a new permit/license is granted.
ALL APPLICATIONS ARE SUBJECT TO APPROVAL. NO TOURIST ROOMING HOUSE MAY BE OCCUPIED UNTIL A PERMIT IS ISSUED. Upon approval, the permit will be issued within thirty (30) days.

SIGNING BELOW INDICATES YOU AGREE TO THE ABOVE TERMS.

PROPERTY OWNER SIGNATURE _____

PRINT NAME _____

TITLE _____

DATE _____

*** The property owner's driver's license must be provided when this application is submitted. ***

*** The WI Seller's Permit must be provided when this application is submitted. ***

TOURIST ROOMING HOUSE FEES	
Application and One Time Inspection Fee Includes Building Inspection and Public Health Inspection (INSPHL)	\$340
Fire Department Inspection	\$50
Annual Permit Fee State Mandated (INSPHL)	\$210
Room Tax Permit Fee	\$3
TOTAL DUE	\$603
WI Seller's Permit Fee is paid to the WI Department of Revenue: \$20	

Make checks payable to "City of Racine".
To pay by credit card, fill out card information on the last page of application if not paying in person.
***There is a 3.95% service fee for credit cards.**