## **Department of Public Health**

Dottie-Kay Bowersox, MSA Public Health Administrator 730 Washington Avenue Racine, Wisconsin 53403 262-636-9201 262-636-9165 FAX



Website: <a href="www.cityofracine.org/Health@cityofracine.org">www.cityofracine.org/Health@cityofracine.org/Health@cityofracine.org</a>

Environmental Health Division 262-636-9203 Community Health Division 262-636-9431 Laboratory Division 262-636-9571

## APPLICATION FOR SHORT TERM RENTAL AND TOURIST ROOMING HOUSE PERMIT

Pursuant to Municipal Code Chapter 22

PRINT CLEARLY AND ANSWER ALL QUESTIONS

Return Application with Payment to the City of Racine Department of Customer Service 730 Washington Ave, Room 103, Racine, WI 53403 – Make Checks Payable to "CITY OF RACINE"

OWNER INFORMATION	PROPERTY INFORMATION	
NAME OF BUSINESS, LLC, OR CORPORATION, IF APPLICABLE	ESTABLISHMENT NAME, IF DIFFERENT	
OWNER NAME	ESTIMATED SQUARE FOOTAGE OF SPACE FOR RENT	
STREET ADDRESS	IS THIS YOUR PRIMARY RESIDENCE?	
CITY, STATE, ZIP CODE	NUMBER OF BEDROOMS IN THE RESIDENCE	
PHONE NUMBER	ZONING INFORMATION	
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. *If Required		
SUBMIT PROOF OF RESIDENCY (UTILITY BILL) WITH APPLICATION.		

(See back for Fee Schedule)

SHORT TERM RENTAL AND 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		