## **Department of Public Health**

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Email: <a href="mailto:publichealth@cityofracine.org">publichealth@cityofracine.org</a>/

Environmental Health Division 262-636-9203

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

## APPLICATION FOR PET SHOP 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

NAME OF PERMITTEE (INDIVIDUAL, LLC, CORP, INC, ETC.)	ESTABLISHMENT NAME (DBA)	
MAILING ADDRESS	CITY, STATE, ZIP CODE	
ESTABLISHMENT ADDRESS	CITY, STATE, ZIP CODE	
NAME OF CONTACT, TITLE	NAME OF LOCAL CONTACT IF DIFFERENT, TITLE	
CONTACT PHONE NUMBER	ESTABLISHMENT PHONE NUMBER	
CONTACT EMAIL ADDRESS	ESTABLISHMENT EMAIL ADDRESS	
Are you planning on remodeling? □ YES* □ NO * If Yes, provide construction plans.		

Pet Shop Establishment – Fees		
Facility Type	Pre-Inspection Fee	Permit Fee
Pet Shop	\$190.00	\$225.00