Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
262-636-9201
262-636-9165 FAX

RACINE ON THE LAKE
CITY OF RACINE, WISCONSIN
PUBLIC HEALTH DEPARTMENT

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 LODGING PERMIT
Pursuant to Municipal Code Chapter 22

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.

*** NOTE:** Short Term Rental and Tourist Rooming House are a separate application*

1. **Total number of rooms:** _____

2. **Anticipated opening date:** _____

3. **Proposed months of operation:**

Month	Open/Closed	Month	Open/Closed
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

4. Proposed hours of operation (Include A.M. or P.M.)**:**

Day of the Week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMPLEXITY

Hotel/Motel – 5-30 Rooms
Hotel/Motel – 31-99 Rooms
Hotel/Motel – 100-199 Rooms
Hotel/Motel – 200+ Rooms
Bed and Breakfast
Rooming House

Complexity Type	
Determined by Sanitarian (Initial/Date)	
Pre-Inspection Fee	$_____
Permit Fee	$_____
Other Fees (if applicable)	$_____
Total Paid $_____	