

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: 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 SHORT TERM RENTAL AND TOURIST ROOMING HOUSE 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”

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY, STATE, ZIP CODE		NUMBER OF BEDROOMS IN THE RESIDENCE	NUMBER OF BATHROOMS IN THE RESIDENCE
PHONE NUMBER		HOW DO YOU CONDUCT LAUNDRY SERVICE?	HOW DO YOU CONDUCT SNOW AND ICE REMOVAL?
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 (DOR) SELLER'S PERMIT	
NAME ON PERMIT	PERMIT NUMBER
STREET ADDRESS	CITY, STATE, ZIP CODE
IF YOU DO NOT HAVE A DOR SELLER'S PERMIT, WHAT MARKETPLACE PROVIDER DO YOU INTENDED TO ADVERTISE ON? <input type="checkbox"/> AIRBNB <input type="checkbox"/> VRBO <input type="checkbox"/> BOOKING.COM <input type="checkbox"/> EXPEDIA <input type="checkbox"/> Other: _____	

Anticipated opening date: _____

<input checked="" type="checkbox"/>	ITEMS TO SUBMIT WITH APPLICATION
<input type="checkbox"/>	FLOOR PLAN OF THE DWELLING WITH ALL ROOMS IDENTIFIED, INCLUDING SLEEPING AREAS AND MAXIMUM CAPACITY ACCOMODATED FOR SLEEPING.
<input type="checkbox"/>	SITE PLAN INDICATING WHERE ONSITE AND OFFSITE PARKING IS AVAILABLE.
<input type="checkbox"/>	DRIVEWAY LOCATION/WIDTH.
<input type="checkbox"/>	MAXIMUM NUMBER OF PARKING SPACES AVAILABLE TO GUESTS.
<input type="checkbox"/>	CURRENT EXTERIOR PHOTOGRAPHS OF ALL FOUR SIDES OF THE DWELLING.
<input type="checkbox"/>	CURRENT EXTERIOR PHOTOGRAPH FROM THE END OF THE DRIVEWAY LOOKING AT THE PROPERTY.
<input type="checkbox"/>	COPY OF THE MOST RECENT RECORDED DEED OF THE PROPERTY.
<input type="checkbox"/>	REGISTERED AGENT STATEMENT OR CONTRACT FOR SERVICES, IF ANY.
<input type="checkbox"/>	PROOF OF RESIDENCY (UTILITY BILL).

Application Fee	\$ _____
Pre-Inspection Fee (Includes Building)	\$ _____
Fire Department Inspection Fee	\$ _____
Annual Permit Fee	\$ _____
Room Tax Permit Fee	\$ _____
Other Fees (if applicable)	\$ _____
Total Paid \$ _____	