



# Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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[www.nddh.org](http://www.nddh.org)

## BED & BREAKFAST APPLICATION

### Establishment Information

Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner of Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age of House: \_\_\_\_\_ # Of Sleeping Rooms Available to Public: \_\_\_\_\_

# Of Beds in Each Room: \_\_\_\_\_ # Of Bathroom Facilities: \_\_\_\_\_

Any long term rental units? No  Yes  How many? \_\_\_\_\_

### Meals Offered (Check All That Apply)

Continental Breakfast  Full Breakfast  None

Brunch  Lunch

Dinner  Other

### Type of Water Supply

Public Water  Private Well

If a private well, select one: Dug  Drilled  Artesian  Other: \_\_\_\_\_

Any filtering system? No  Yes  If so, what type? \_\_\_\_\_

Date last tested: \_\_\_\_\_ (Enclose copy of test report)

### Type Of Sewage Disposal

Public Sewer  Private Septic System

Size of Tank: \_\_\_\_\_ Square Footage of Leach Area: \_\_\_\_\_

Date Last Pumped: \_\_\_\_\_ Frequency of Pumping: \_\_\_\_\_

Has the septic system ever been repaired? No  Yes  Date: \_\_\_\_\_

Who was the property owner when the system was repaired? \_\_\_\_\_

Signature

Date Signed

### NDDH Office Use Only

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_