



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

www.nddh.org

MOTEL/HOTEL REGISTRATION

Establishment Name: _____

Location: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Manager: _____ Emergency Contact: _____

Owner: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Rooms: _____ Any Long Term Rental Units? Yes ___ No ___

Sewage Disposal:

Septic System _____ Public Sewer _____

If septic system, what was the last date is was pumped? ___/___/___

Water Supply:

Private well _____ Public Water: _____

If Private well, is it:

Drilled ___ or Dug ___

Date Water Last Tested: ___/___/___

Is There Any Food Service Conducted At Your Establishment? Yes ___ No ___

Signature: _____ Date: ___/___/___

For NDDH Use Only

Reg. Fee: _____ Check #: _____ Receipt #: _____ Date Paid: ___/___/___

ID#: _____

Invoice #: _____