



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

email@nddh.org

Sanitarian Approved
Initial: _____
Date: _____
Emailed: _____

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? _____

Name of Individual _____
 Applying for Permit: _____ Date: _____

NDDH Use Only File/ID #: _____ Date: _____ Fee: _____
 Check # _____ Receipt # _____ Cash _____ Credit Card _____
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