



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

[email@nddh.org](mailto:email@nddh.org)

Sanitarian Approved  
Initial: \_\_\_\_\_  
Date: \_\_\_\_\_  
Emailed: \_\_\_\_\_

**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: \_\_\_/\_\_\_/\_\_\_

*NDDH Use Only*

File/ID #: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_