



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

An Important Notice Regarding Your Bed and Breakfast Registration

To: Bed and Breakfast Owners
From: The Northeast District Department of Health
Date: November 15, 2021
Subject: 2022 Registration

Fee: \$50.00

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Wednesday, December 15, 2021:

- A completed **Bed and Breakfast Application**. You may access the application forms and can make payment online at www.nddh.org/formspermits. If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am – 4pm, Fridays, 8am – noon).
- The appropriate fee paid online at <https://www.nddh.org/pay-online/>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/21, can be found online at https://www.nddh.org/wp-content/uploads/2020/06/NDDH_Service_Fees_070120_BoH_Approved-05.28.20-1.pdf.
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2022. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically. Also be sure to complete and return the Emergency Contact Information Form.**

All necessary documentation and permit fees must be received by close of business on Wednesday, December 15, 2021 or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 3 through January 14, 2022 inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$115 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,

The Northeast District Department of Health



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Brooklyn, CT 06234

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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: _____ Billing 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: _____

<i>NDDH Use Only</i>							
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____	
Date: _____	Fee: _____	Check # _____	CC	E-Check	Cash	Receipt # _____	



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EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____ Well

____ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ Excel Data Sheet: _____ Initials: _____

REVISED 11/15/21