



Northeast District Department of Health

69 South Main Street, Unit 4

Brooklyn, CT 06234

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email@nddh.org

<i>Sanitarian Approved</i>
<i>Initial:</i> _____
<i>Date:</i> _____
<i>Emailed:</i> _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> How many? _____	

Meals Offered (Check All That Apply)

Continental Breakfast	<input type="checkbox"/>	Full Breakfast	<input type="checkbox"/>	None	<input type="checkbox"/>
Brunch	<input type="checkbox"/>	Lunch	<input type="checkbox"/>		
Dinner	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Type of Water Supply

Public Water	<input type="checkbox"/>	Private Well	<input type="checkbox"/>
If a private well, select one: Dug <input type="checkbox"/> Drilled <input type="checkbox"/> Artesian <input type="checkbox"/> Other: _____			
Any filtering system? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, what type? _____			
Date last tested: _____ (Enclose copy of test report)			

Type of Sewage Disposal

Public Sewer	<input type="checkbox"/>	Private Septic System	<input type="checkbox"/>
Size of Tank: _____		Square Footage of Leach Area: _____	
Date Last Pumped: _____		Frequency of Pumping: _____	
Has the septic system ever been repaired? No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____			
Who was the property owner when the system was repaired? _____			

Name of Individual Applying for Permit: _____	Date: _____
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<i>NDDH Use Only</i>			
Date: _____	Fee: _____	Check # _____	CC E-Check Cash Receipt # _____
Date: _____	Fee: _____	Check # _____	CC E-Check Cash Receipt # _____