



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: _____ 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: _____

NDDH Use Only
Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____
Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____