



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: _____

MOTEL / HOTEL REGISTRATION

Establishment Name: _____

Location: _____ **Billing Email:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Manager: _____ Cell Phone: _____

Owner: _____ Cell 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

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____
 Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____