



**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: \_\_\_\_\_ **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 # \_\_\_\_\_