



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 1, 2023
Subject: 2024 Bed and Breakfast 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 Friday, December 15, 2023:

- A completed **Bed and Breakfast Application**. You may access the application forms and can make payment online at <https://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/formspermits/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 7/1/23, can be found online at: https://www.nddh.org/wpcontent/uploads/2023/06/NDDH_Service_Fees_effective_070123.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, 2024. **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 Friday, December 15, 2023, 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 1 through January 13, 2024, inclusive.

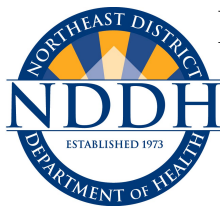
Annual inspections will be conducted throughout the year. A re-inspection fee of \$120 will be charged for a failed inspection.

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

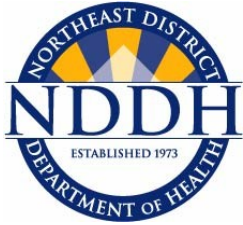
Applying for Permit: _____

Date: _____

NDDH Use Only

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

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



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
860-774-7350 / Fax 860-774-1308 www.nddh.org

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