



North Central District Health Department

- Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

APPLICATION FOR PRE-SCHOOL AND AFTER SCHOOL PROGRAMS LICENSING AND RE-LICENSING INSPECTIONS (with or without food service facilities)

Date: _____

Business Name: _____

Name of Licensee/Applicant: _____

Address of Licensee/Applicant: _____ Emergency Phone No. _____

Location Address: _____ Town: _____ Zip Code: _____

Location Phone No. _____ Location Fax No. _____

Location Mailing Address (if different): _____

State License No. _____ Expiration Date: _____ Licensed capacity _____ No. of employees _____
(for re-licensures only) (for re-licensures only)

Licensed for: Under 3 Years Pre-School (3-5 Years) School Age Night Care

Water Supply: Public Water Private Well State Health Dept. Water Supply Notification

Sewage Disposal: Public Sewer Private Septic System Interior Grease Trap Exterior Grease Tank

Age of Building: _____ **Exterior Playground Equipment:** Yes No **Equipment Age:** _____

Lead Paint Present: Yes No **(If Yes – An updated Lead Management Plan is required on-site)**

Food Service License (only for on-site meal preparation): Yes No

If yes, please list the Qualified Food Operator for your facility: _____

Certificate No. _____ Approved Test: _____ Date Granted: _____

A \$150.00 fee is due with this completed application to request an inspection. **Payment and application must be received at least two weeks prior to the anticipated inspection. This fee is non-refundable and shall be made payable to: North Central District Health Department.** I have read this form and certify that the information given on this form is true and complete to the best of my knowledge.

(Licensee/Applicant Signature)

(Date)

Office Use Only:

Fee Paid: Yes No Receipt No. _____ Check No. _____ Cash _____

Date Application Received: _____

(10/5/16)