



# 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 GROUP HOME/HALFWAY HOUSE/SUPERVISED ROOMING HOUSE LICENSE AND RE-LICENSING INSPECTIONS

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location Phone No.: \_\_\_\_\_ Location Fax No.: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name of Licensee/Applicant: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Address of Licensee/Applicant: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CT State License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
 (For re-licensure only)

*Please check off the requested inspection:*

**New** program/licensure inspection  
**Existing** program/re-licensure inspection

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: \_\_\_\_\_

Lead Paint Present:      Yes      No      Unknown

**A \$200.00 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 (NCDHD).** 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/Application Signature) (Date)

**Office Use Only:**

Fee Paid:    Yes    No    Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_