



# 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 MOTEL/HOTEL LICENSE AND REGISTRATION

Name of Establishment: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address, *if different*: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Manager on Premises: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Hotel/Motel Fax Number: \_\_\_\_\_ Corporate Fax Number: \_\_\_\_\_

Other Licenses Held from the Health District:

Food Service License

Swimming Pool Permit(s)

\*\*\*Send a copy of current menu

Other (Please list) \_\_\_\_\_

**PLEASE NOTE FEES AS OF September 26, 2005**

**0-20 Rooms = \$200.00**

**21+ Rooms = \$400.00**

**HEALTH DEPARTMENT USE ONLY**

Fee Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_

Submit application to: [Licenserenewal@ncdhd.org](mailto:Licenserenewal@ncdhd.org)