



# 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 DAY CARE CENTER LICENSING AND RE-LICENSING INSPECTIONS (with or without food service facilities)

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

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

Name of Licensee/Applicant: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Address of Licensee/Applicant: \_\_\_\_\_

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

Location Phone #: \_\_\_\_\_ Location Fax #: \_\_\_\_\_

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

State License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**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 #: \_\_\_\_\_ Approved Test: \_\_\_\_\_ Date Granted: \_\_\_\_\_

**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.** 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

### Contact Email Address

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### Office Use Only:

Fee Paid: Yes No Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit Card: \_\_\_\_\_