



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

Date: _____

APPLICATION FOR MOTEL/HOTEL LICENSE AND REGISTRATION

Name of Establishment _____

Address of Establishment _____

Mailing Address, if different: _____

Name of Owner _____

Address of Owner _____

Manager on Premises _____ Phone _____

E-mail Address: _____

Signature of Applicant _____

Number of Rooms _____ Emergency Phone _____

Hotel/Motel Fax Number _____ Corporation Fax Number _____

Other Licenses Held from the Health Department:

Food Service License

Swimming Pool Permit(s)

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

Other (Please list) _____

THIS SECTION FOR HEALTH DEPARTMENT USE ONLY

License No. _____ Date Received _____

Fee Paid _____ Receipt No. _____ Check No. _____

Approved _____ Disapproved _____

Reason for Disapproval _____

PLEASE NOTE FEES AS OF September 26, 2005:

0-20 Rooms = \$200.00

21+ Rooms = \$400.00