



**EAST SHORE DISTRICT HEALTH DEPARTMENT
HOTELS / MOTELS / OVERNIGHT CABINS**

(Late fee of \$50.00 will be assessed for late payment of license renewal)

Application for Registration

Date: _____

1. Name of Establishment _____ Owner's Name: _____

Address: _____

Mailing Address: _____

Manager's Name: _____ Telephone #: _____

Fax #: _____ E-mail address: _____

2. Number of Units/Rooms on Property: _____

3. Water Supply: a. Public Water: _____

b. Well Water - (Submit Well Quality Test Results with Registration Application. Well results MUST BE within the last 12 months):

1. Number of Wells: _____

2. Depth(s) of Wells: _____

3. Date Last Tested: _____

4. Sewage Disposal: a. Public Sewers: _____

b. Septic System:

1. Individual: _____ Community: _____

2. Septic Tank Approximate Size: _____

3. Leaching Field Area: _____

4. Type of Leaching: _____

(i.e., trenches, dry wells, galleries, pits, cesspools)

5. Date Septic Tank(s) Last Pumped: _____

(attach receipt of service)

5. Swimming Pool on Property: Yes _____ No _____

6. Maid Service: Yes _____ No _____

7. Food and Beverages Prepared on Premises: Yes _____ No _____

14 BUSINESS PARK DRIVE • BRANFORD, CONNECTICUT 06405

TELEPHONE: (203) 481-4233 FAX: (203) 483-6894

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