

# North Central District Health Department

- Enfield - 31 North Main Street, Enfield, CT 06082 - (860) 745-0383 FAX 745-3188
- Vernon - Room 120, 375 Hartford Turnpike, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
- Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3032 FAX 465-3012
- Stafford -Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 FAX 684-1768

## 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 No. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

State License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Licensed capacity \_\_\_\_\_ No. of employees \_\_\_\_\_  
(for re-licensures only) (for re-licensures only)

**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 No. \_\_\_\_\_ 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)

\*\*\*\*\*  
**Office Use Only:**

Fee Paid:  Yes    No

Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_