

North Central District Health Department

- Enfield - 31 North Main Street, Enfield, CT 06082 - (860) 745-0383 FAX 745-3188
- Vernon - 375 Hartford Turnpike, Room 120, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531
- Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3033 FAX 465-3032
- Stafford -Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 FAX (860) 684-1768

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 _____

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