



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 _____