



**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 \_\_\_\_\_