



EAST SHORE DISTRICT HEALTH DEPARTMENT
688 East Main Street-Orchard Research Park, Branford, CT 06405 (203) 481-4233

FOR OFFICE USE ONLY:

Date: _____ Fee: _____ Payment Type: _____ Receipt #: _____ Paid by: _____

HOTELS / MOTELS / OVERNIGHT CABINS
(Late fee of \$50.00 will be assessed for late payment of license renewal)

Application for Registration

Date: _____ Name of Establishment: _____

Address: _____

Owner's Name: _____ Establishment Phone: _____

Mailing Address: _____

Manager's Name: _____ Telephone #: _____

E-mail address: _____

Number of Units/Rooms on Property: _____

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: _____

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)

Swimming Pool on Property: Yes _____ No _____

Maid Service: Yes _____ No _____

Food and Beverages Prepared on Premises: Yes _____ No _____

Pest Control Yes _____ No _____