



Connecticut River Area Health District  
455 Boston Post Road Suite 7, Old Saybrook, Connecticut 06475  
Telephone (860) 661-3300 · FAX (860) 661-3333

## REGISTRATION APPLICATION FOR OVERNIGHT STAY FACILITIES

Date: \_\_\_\_\_ Name of Establishment \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone # \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Manager: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number of Units/Rooms on Property: \_\_\_\_\_

Water Supply: Public Water: \_\_\_\_\_ Well Water: \_\_\_\_\_

(If on Well Water Submit Well Quality Test Results with Registration Application. Well results MUST BE within the last 12 months)

Sewage Disposal: Public Sewers: \_\_\_\_\_ Septic System: \_\_\_\_\_

If yes to septic system, list most recent date of tank pump out: \_\_\_\_\_

Swimming Pool on Property: Yes \_\_\_\_\_ No \_\_\_\_\_

Housekeeping Service: Yes \_\_\_\_\_ No \_\_\_\_\_

Service In house? Y \_\_\_\_\_ N \_\_\_\_\_ If no, list company: \_\_\_\_\_

Food and Beverages Prepared on Premises: Yes \_\_\_\_\_ No \_\_\_\_\_

Fee: \_\_\_\_\_

Paid: \_\_\_\_\_