

**PUBLIC LODGING APPLICATION FOR 2006
HOTEL – MOTEL – BOARDING - LODGING HOUSES -
AND BED & BREAKFAST ESTABLISHMENTS
ANNUAL LICENSE**

NEW _____ (OR) RENEWAL _____

HOTEL _____ MOTEL _____ BOARDING HOUSE _____ LODGING HOUSE _____
B&B _____

Name of Establishment _____

Address _____

Telephone # of Establishment _____ Fax # of Establishment _____

Owner/Agent/Permittee _____ Telephone # _____

Legal Notice Address if different from above _____

Fill in the correct number for each:

_____ Single Occupancy Rooms	Fee Information 1-25 Units \$50.00
_____ Double Occupancy Rooms	26 + Units \$75.00
_____ Efficiency Units	

Water Supply Public Private Date of Last Test: _____

Sewage Disposal Public Private Date of Last Pump: _____

Is food or beverage provided for the public on site? YES _____ NO _____

Applicant's Signature DATE

Health District Signature DATE

Make checks payable to: Ledge Light Health District, P.O. Box 909, Groton, CT 06340
(there is a \$15.00 charge for all returned checks)

Office Use Only:

FEE PAID _____ CHECK _____ CASH _____ LICENSE PREPARED _____ MAILED _____