



Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234
Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org

An Important Notice Regarding Your Hotel/Motel Permit

To: Hotel and Motel Owners/Operators
From: The Northeast District Department of Health
Date: November 6, 2025
Subject: 2026 Permit Renewal

Fee: \$165.00

The registration issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31st and must be updated on a yearly basis. We are eager to assist you in complying with the State of Connecticut public health regulations.

Please return the following to this office by close of business Monday, December 15, 2025:

- A completed **Hotel/Motel Application and Emergency Contact Information Form**. You may access the application forms and can make payment online at www.nddh.org/formspermits. If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am – 4pm, Fridays, 8am – noon).
- Please be sure to provide us with a **valid e-mail address**, as we will be sending permits electronically.
- The appropriate fee paid online at <https://www.nddh.org/formspermits/pay-online/>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/25, can be found online at: https://nddh.org/wp-content/uploads/2025/07/NDDH_Service_Fees_effective_070125.pdf
- Establishments with public water must provide a copy of the most recent water bill.
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1st through December 31, 2026.

All necessary documentation and permit fees must be received by close of business on Monday, December 15, 2025, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each business day late from January 2 through January 15, 2026, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$150 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.

As always, we look forward to working with you.

Sincerely,
The Northeast District Department of Health

Permit Checklist

- Application
- Emergency Form
- Permit Fee Payment
- Water Test/Bill copy
- On-Site Septic copy



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Sanitarian Approved
Initial: _____
Date: _____
Emailed: _____

MOTEL / HOTEL REGISTRATION

Establishment Name: _____

Location: _____ **Billing Email:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Manager: _____ Cell Phone: _____

Owner: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Rooms: _____ Any Long-Term Rental Units? Yes ___ No ___

Sewage Disposal:

Septic System _____ Public Sewer _____

If septic system, what was the last date is was pumped? ___/___/___

Water Supply:

Private well _____ Public Water: _____

If Private well, is it:

Drilled ___ or Dug ___

Date Water Last Tested: ___/___/___

Is There Any Food Service Conducted At Your Establishment? Yes ___ No ___

Signature: _____ Date: ___/___/___

NDDH Use Only

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____

Date: _____ Fee: _____ Check # _____ CC E-Check Cash Receipt # _____



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EMERGENCY CONTACT INFORMATION

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <https://www.nddh.org>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately with contact information other than the owner.

Today's Date: _____

Business/Org Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Alternate Emergency Contact Name and Title: _____

Cell Phone: _____ **Fax Number:** _____

Work Phone: _____ **Home Phone:** _____

Email Address: _____

Is water for your business establishment/organization supplied by:

____ Well ____ Community Water System

Businesses with multiple locations: Please complete a separate form for each location.

NDDH USE ONLY:

Updated - EHS Database: _____ Excel Data Sheet: _____ Initials: _____

REVISED 10/27/2025