



Central Office: 505 Silas Deane Highway, Wethersfield, CT 06109 Phone (860) 721-2822 Fax (860) 721-2823
 Berlin: 240 Kensington Road, Berlin, CT 06037 Phone (860) 828-7017 Fax (860) 828-9248
 Newington: 131 Cedar Street, Newington, CT 06111 Phone (860) 665-8586 Fax (860) 665-8533
 Rocky Hill: 761 Old Main Street, Rocky Hill, CT 06067 Phone (860) 258-2770 Fax (860) 258-2767
 www.ccthd.org

**ROOMING UNIT LICENSE
 APPLICATION/RENEWAL FORM**
 Expires annually on May 31

(All statements to be filled in.)

NAME OF ESTABLISHMENT _____

ADDRESS _____ PHONE # _____
STREET CITY

MAILING ADDRESS _____
STREET CITY STATE ZIP CODE

NAME OF MANAGER _____ PHONE # _____

ADDRESS _____
STREET CITY STATE ZIP CODE

NAME OF OWNER _____ PHONE # _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE NO. _____ CELL # _____

E-MAIL ADDRESS _____

SIGNATURE OF OWNER _____ DATE _____

Annual Fee (Check Appropriate Amount)

- Establishments with one (1) to twenty-five (25) rooming units: \$175.00
- Establishments with twenty-six (26) to fifty (50) units: \$275.00
- Establishments with fifty-one (51) to seventy five (75) units: \$325.00
- Establishments with seventy-six (75) or more units \$375.00

Late Fee for all Annual Licenses (Effective 7/1/2017):

- Renewal received within 30 days of license expiration- \$50 late fee
- Renewal received within 31 to 60 days of license expiration- \$100 late fee
- After 60 days non-renewal, revoke licensure- Reinstatement Fee double license fee

Make check only payable to “Central Connecticut Health District”

Mail form and fee to: Central Connecticut Health District 505 Silas Deane Highway Wethersfield, CT 06109

OFFICE USE ONLY -Received _____		Check # _____	Entered _____	License Issued _____
APPROVED _____	Date _____	Late Fee _____	Date _____	Mailed _____
<small>Director of Health or authorized representative</small>				