



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

Please complete all information

Name of Establishment _____

Address _____ Phone #. _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Manager _____ Phone # _____

Name of Owner _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____ Phone # _____

SIGNATURE OF OWNER _____

Annual Fee (Check Appropriate Amount)

- Establishments with one (1) to twenty-five (25) rooming units: \$140.00
- Establishments with twenty-six (26) to fifty (50) units: \$200.00
- Establishments with fifty-one (51) or more units \$260.00

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 _____
APPROVED _____	Director of Health or authorized representative	Date _____	Entered _____