

Waterbury Health Department
 Environmental Health Division
 License Application
 Rooming House, Hotels, Motels, Group Homes and bed/Breakfast Units

Permit Status: New _____ Renewal _____

Effective January 1, 1968, The Housing Code of the City of Waterbury provides that no person shall operate a rooming house, hotel, motel, group home or bed/breakfast unit unless a license shall be issued by The Department of Public Health in the name of the owner. Licenses expire the last day of the January after the date of issuance unless sooner suspended or revoked. The fee for such license shall be one hundred dollars (\$100.00) payable by check or money order at the time of final inspection from the Waterbury Health Department.

Address of Establishment: _____

Name of Manager/Supervisor: _____ Telephone: _____

Owners Name: _____

Owners Address: _____

Owners Telephone: _____

Type: _____ Rooming House _____ Hotel _____ Motel _____ Group Home _____ Bed/Breakfast

State total number of rooming units to be used for this purpose and total number of occupants to be accommodated therein. Indicate location of such rooming units and occupants by floors:

| Circle | B | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|--|
| 1. Each Occupied Floor(s) | | | | | | | | | | | | | | |
| 2. No. of Rooming Units per Floor | | | | | | | | | | | | | | |
| 3. No. of Roomers per floor | | | | | | | | | | | | | | |

APPLICATION FEE IS \$50.00.

MAKE CHECKS OR MONEY ORDERS (NO CASH) PAYABLE TO: Waterbury Health Department

Applicant's Signature: _____ Application Date: _____

For Office Use Only

Date App. Fee Paid: _____ Check or MO #: _____ Initials: _____

Date Permit Fee Paid: _____ Check or MO#: _____ Initials: _____

Date Issued: _____

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