



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533  
[www.ccthd.org](http://www.ccthd.org)

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

**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: \$215.00
- Establishments with twenty-six (26) to fifty (50) units: \$320.00
- Establishments with fifty-one (51) to seventy five (75) units: \$375.00
- Establishments with seventy-six (75) or more units \$425.00

**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 2080 Silas Deane Highway Rocky Hill, CT 06067

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