



TOWN OF WESTBROOK

HEALTH DEPARTMENT

866 BOSTON POST ROAD

WESTBROOK, CONNECTICUT 06498

(860) 399-3047 • Fax (860) 399-2084

**HOTEL, MOTEL, LODGING, AND ROOMING HOUSE LICENSE
APPLICATION FOR LICENSE RENEWAL FORM**

Date: _____

___ Lodging ___ Hotel ___ Rooming House

___ Resort ___ Motel ___ Inn

NAME OF ESTABLISHMENT: _____

ADDRESS: _____ PHONE NO. _____

NAME OF MANAGER: _____ PHONE NO. : _____

MANAGER'S EMAIL: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE NO. : _____ OWNER'S EMAIL: _____

SIGNATURE OF OWNER: _____

Annual Registration Fee: \$50.00

Checks may be made payable to: Town of Westbrook

Mail form and fee to:

Westbrook Health Department
866 Boston Post Rd.
Westbrook, Connecticut 06498-1881

APPROVED: _____ DATE: _____

Sonia Marino, RS, MPH
Director of Health

APPROVED: _____ DATE: _____

Fire Marshal