



BRISTOL-BURLINGTON HEALTH DISTRICT
 240 Stafford Avenue, Bristol, Connecticut 06010-4617
 Tel. (860) 584-7682 • Fax (860) 584-3814

APPLICATION FOR PUBLIC ACCOMMODATION LICENSE

1/1/2014 – 5/31/2016

License No. _____

Organization: _____

Business Address (Number, Street, Town): _____

Mailing Address (if different): _____

Business Owner: _____

Business Manager (if different): _____

Business Phone (include area code): _____ **Business Fax:** _____

Cell Phone (if applicable): _____ **E-mail Address (if applicable):** _____

Type of Operation: Bathing Beach _____ Public Swimming Pool _____
 Day Care Centers (two years) _____ Youth Camps _____
 Racquet Clubs, Health, etc. _____ Body Arts _____

Hours of Operation: _____

Water Supply: Public Water _____ Private Well _____ Date of Last Water Sample _____

Applicant Signature: _____ **Date:** _____

For Office Use Only

THE FEE OF _____ MUST BE PAID WHEN FILING APPLICATION.

Application Date: _____ Fee Paid: _____ Payment Type: _____

PG _____