



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



APPLICATION FOR PUBLIC ACCOMMODATION LICENSE

June 1 - May 31

License No. _____

Organization: _____

Business Address (#, Street, Town): _____

Mailing Address: _____

Business Owner: _____

Business Manager: _____

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

Cell Phone: _____ **E-mail Address:** _____

Type of Operation: Bathing Beach _____ Public Swimming Pool _____
 Child Care Centers _____ 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 _____