

CITY OF MILFORD  
DEPARTMENT OF HEALTH  
82 NEW HAVEN AVE  
MILFORD CT 06460  
203.783.3287

APPLICATION FOR  
**HOTEL, MOTEL, ROOMING/BOARDING, LODGING HOUSE PERMIT**

APPLICATION NO. \_\_\_\_\_ PERMITTING YEAR \_\_\_\_\_

ANNUAL FEE: **\$75.00**

Pursuant to Chapter 11 of the Code of Ordinances of the City of Milford, Connecticut, application is hereby made for a permit to operate a (circle one) rooming house, boarding house, lodging house, hotel or motel. By this application, the owner and operator hereby agree to comply with the applicable provisions of the Connecticut State Public Health Code and the Code of Ordinances of the City of Milford, Connecticut. Failure to comply may result in suspension or revocation of any permit issued pursuant to this application.

NAME OF BUSINESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_ PHONE \_\_\_\_\_  
(IF DIFFERENT THAN OWNER)

ADDRESS OF OPERATOR \_\_\_\_\_

I hereby certify that the information contained in this application is true and accurate.

OPERATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE: (TYPE – CIRCLE ONE)**\*\*\*\*\*

MOTEL      HOTEL      ROOMING/BOARDING HOUSE      LODGING HOUSE

DATE OF LAST INSPECTION \_\_\_\_\_ SANITARIAN \_\_\_\_\_

APPROVED \_\_\_\_\_ ISSUANCE DATE \_\_\_\_\_