



WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855

Telephone: (203) 227-9571

**APPLICATION
FOR INSPECTION OF GROUP HOME
OR DAY PROGRAM
FOR
STATE LICENSURE**

Fee: \$55.00
Fee is Non-Refundable

Date of Application: _____

Day Care Center Name: _____

Address: _____ Westport Weston

Telephone: (_____) _____

Name of Applicant (Type or Print) Signature of Applicant

Health District Use Only

Comments: _____

Approved by:

Sanitarian

Date