Ledge Light Health District
2011 PUBLIC LODGING REGISTRATION APPLICATION

Please review and provide the requested information for your establishment. Incomplete or unpaid applications will delay the issuance of your 2011 registration. Any registration issued pursuant to this application will be subject to applicable State regulations. **Registrations are not transferable**.

Name of Establishment: _____
Address of Establishment: _____
Phone Number of Establishment: _____
Email of Establishment: _____
Phone Number for 24-hour Emergency Contact: _____

Name of Legal Owner: _____
Address for Legal Notices: _____
_____

Registration Fee: **$75.00**

Water Supply: Public: _____ Private: _____

Is food or beverage provided for the public on site? □ YES □ NO

_____
Applicant Signature Date

_____
Please Print Name Date

Make checks payable to: Ledge Light Health District
(There is a $25.00 charge for all returned checks)

Office Use Only: Date Paid: _____ Check Number: _____ Cash: _____