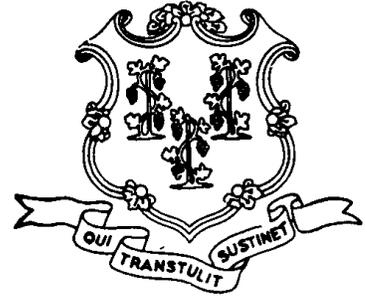


**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
Liquor Control Division**

Telephone: (860) 713-6210

Email: [dep.liquorcontrol@ct.gov](mailto:dep.liquorcontrol@ct.gov)

Website: <https://portal.ct.gov/DCP/Agency-Administration/Division-Home-Pages/Liquor-Control-Division>



**INSTRUCTIONS TO APPLICANT:** All applicants for an on-premise liquor permit must submit either a copy of their food or beverage service license issued by their local health department **OR** this form. Fill out Section A of this form and have your local health official complete Section B.

**PUBLIC HEALTH CERTIFICATE**

**Section A:** To be completed by applicant.

1. Permittee Name:		2. Backer Name:	
3. Trade Name (DBA Name):			
4. Business Address		City	State
			Zip Code
5. Will food be prepared and served on the premise? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. Will only pre-packed food be served on the premise (e.g., chips, nuts, snacks, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. Will take-out food be allowed on the premise? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Section B:** To be completed by local health official or designated agent.

*Please select one:*

\_\_\_\_\_ The above-noted premise has complied with the requirements of all applicable public health codes and local ordinances for the public dispensing of food and beverages at this time, including obtaining any necessary food service licenses.

\_\_\_\_\_ The above-noted premise does not require approval from local public health officials in order to operate as described above.

**Signature:**

I certify that I am familiar with all applicable ordinances or bylaws of the city/town identified above and have made the appropriate selection to the best of my knowledge and ability.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_