



## CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

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MICHELLE H. SEAGULL | COMMISSIONER

November 2, 2022

From the Office of M. Caitlin S. Anderson  
Liquor Control Division Director

A handwritten signature in black ink, appearing to read 'M. Caitlin S. Anderson', is written over the printed name.

RE: Local Health Approval for On-Premise Permits

For all on-premise applications filed on or after December 1, 2022, the Department will require applicants to submit approval from their local health department with their liquor permit application. Applicants can complete this requirement in two ways: (1) submit a copy of a food service license reflecting the trade name or the name of the backer entity, or (2) complete the Public Health Certificate attached to the on-premise application. (A copy of that form is included at the end of this correspondence.)

If you have any questions about demonstrating local public health approval, please contact the Liquor Control Division by email at [dcp.liquorcontrol@ct.gov](mailto:dcp.liquorcontrol@ct.gov).

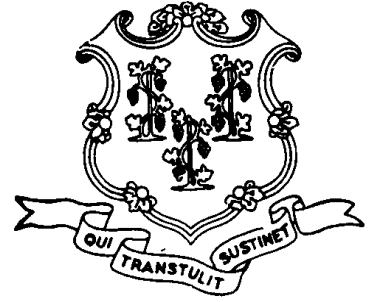
*The Department of Consumer Protection, through the Liquor Control Commission, oversees all sales of alcoholic beverages in the State of Connecticut.*

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_