



**CITY OF DANBURY**

**CERTIFICATION TO REOPEN EXISTING RESTAURANT PATIO WITH/WITHOUT THE SERVING OF ALCOHOLIC BEVERAGES**

Name of Restaurant: \_\_\_\_\_ Address: \_\_\_\_\_

Tax Assessor Lot Number: \_\_\_\_\_

Business Owner/Proprietor: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Existing Approved Site Plan/Waiver Yes\_\_\_ No\_\_\_ Site Plan # \_\_\_\_\_; Waiver # \_\_\_\_\_

Existing Approval to serve Alcoholic Beverages Yes \_\_\_ No \_\_\_

Department of Consumer Protection Liquor Control Division Permit# \_\_\_\_\_

**TO BE SUBMITTED WITH CERTIFICATION REQUEST:**

- Layout Plan for patio area drawn to scale containing information required per the City of Danbury Department of Health and Human Services (“DHHS”) Restaurant Outdoor Dining Re-opening Guidance
- Signature of Acknowledgement of the DHHS Restaurant Outdoor Dining Re-opening Guidance

I, \_\_\_\_\_, operator of the above-referenced existing restaurant with outdoor seating, have reviewed the Restaurant Outdoor Dining Re-opening Guidance issued by DHHS for outdoor restaurant service during the COVID-19 Pandemic and agree to follow all required guidance contained therein, and any other applicable laws, rules and/or regulations. I understand that I cannot expand the existing approved outdoor patio space or place, build, or erect anything new in the outdoor space without additional approvals from the City of Danbury and/or the State of Connecticut.

\_\_\_\_\_  
Signature of Business Owner/Operator

\_\_\_\_\_  
Date

Contact Information: Telephone \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**Completed forms may be dropped off in the lobby of City Hall or emailed to the Permit Center at [permitscentercounter@danbury-ct.gov](mailto:permitscentercounter@danbury-ct.gov). Forms will be entered in the City’s electronic permitting system by Permit Center staff.**

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**FOR COD DEPARTMENT OF PERMIT COORDINATION USE ONLY** Note the Permit Center may contact the Office of the Fire Marshal and Building Department prior to verification if required. Once verified with the signature of the ZEO, the Permit Center will notify DHHS electronically.

**ZEO Verification**

Site Plan/Waiver Yes \_\_\_ No \_\_\_\_\_ Liquor Permit Yes \_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR DHHS USE ONLY**

The site has been inspected, acknowledgement of Restaurant Outdoor Dining Re-opening Guidance to reopen the existing patio area received, and layout plan dated \_\_\_\_\_ approved by DHHS representative \_\_\_\_\_ (DHHS Signature) on this date \_\_\_\_\_.

Upon receipt of all authorizations to reopen, the Permit Center will issue a Certification to Reopen.