

CITY OF WORCESTER LICENSE COMMISSION



PARKING LOT LICENSE APPLICATION

Division of Planning & Regulatory Services
City Hall, 455 Main Street, Room 404, Worcester, MA 01608

Phone: (508) 799-1400 x 31440 – Fax: (508) 799-1406 – E-mail: License@worcesterma.gov

1. **Address/Location:** _____

2. **Parking facility name (If applicable):** _____

3. **Total number of parking spaces:** _____

ADA Compliant Handicapped Placard Spaces: _____

4. **Parking Lot users (If applicable):**

- General public
- Accessory use (on-site business or residents)
- Leased to off-site user
- Other _____

5. **If a fee is charged, how will it be collected? (check all that apply and attach a schedule of fees)**

- At entrance/exit gate
- By attendant
- By a permit
- Leased
- Other _____

6. **Proposed Days and Hours of operation:**

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____ Saturday _____
Sunday _____

7. **Applicant's Name:** _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

The applicant's signature certifies that the above information is true and accurate to the best of his/her knowledge. The applicant confirms that they are aware that a license may be withheld or revoked when the use is conducted in manner that does not conform to all provisions of law, including ordinances, rules and regulations of the City of Worcester. Grant of a license is not confirmation of compliance with zoning or other pertinent regulations.

_____ **Date:** _____

Applicant's signature

8. Name of operator (if different than applicant): _____

9. Owner Name: (if different from Applicant) _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Owner's Signature certifying that the above information is true and accurate to the best of his/her knowledge:
(This is required if the Applicant is not the same as the Owner)

_____ **Date:** _____