

APPLICATION CHECKLIST FOR A NEW COMMON VICTUALER (RESTAURANT) LICENSE APPLICATION

Note: This application is to be used for a proposed restaurant that is not planning to serve alcohol.

(If alcohol is proposed to be served – Alcohol License Application should be used instead).

Please read carefully the following submission requirements as directed by the License Commission. It is your responsibility as the applicant to fill out the application and answer all questions.

After the Inspectional Services Division staff has reviewed and approved the application package for completeness and accuracy, it will be date-stamped and registered in the License Commission log and then scheduled for a License Commission meeting.

The timeframe for a Common Victualer license is four to six weeks from the date of the submission of the completed application.

If you have any question about these application requirements, please contact ISD staff prior to finalizing the submission and making copies. Thank you for your cooperation.

*** Incomplete applications will not be accepted by staff or placed on the agenda, which would consequently delay license issuance.

License Commission applications can be accessed from the City's website (as fillable pdfs) or obtained
at the ISD office. <u>http://www.worcesterma.gov/inspections/license-commission</u>

PRE-APPLICATION				
Correct Zoning District	Prior to submitting your application, please verify that the zoning district where your property is located permits food service. You can contact ISD for this information.			

FEES		
Application Submission	\$100.00 – Must be submitted with the application.	
	Submit a check payable to <u>City of Worcester</u>	

	APPLICATION SUBMISSION					
Ple	Please submit items 1-4. Use 8 ½ x 11 inch sized paper with <u>no</u> staples (paper clips are acceptable).					
1		Common Victualer Application (attached)	Fill out the application completely and legibly, providing requested attachments as applicable.			
		http://www.worcesterma.gov/inspections/license- commission				
2		Authorizations for use of premises	Copy of lease of premises or letter from the property owner authorizing use of premises for the proposed restaurant.			
3		Proposed Menu	A copy of proposed restaurant menu.			
4		Worker's Compensation Insurance, if applicable	If the applicant has employees. (Not applicable if self-employed and have no employees who do work for the applicant.)			

POST-APPLICATION SUBMITTAL INFORMATION: PUBLIC HEARING

The applicant is required to attend the hearing and present the petition in front of the License Commission. The applicant will be notified of the hearing date by ISD staff.

COMMON VICTUALER (RESTAURANT) LICENSE ISSUANCE

If License Commission votes to approve the petition, ISD staff will issue the Common Victualer license when the following has been completed:

- 1) Certificate of Worker's Compensation Insurance has been provided to the office, if applicable.
- 2) Local Health & Inspectional Approvals have been submitted to the office.

Note: It is the responsibility of the applicant to schedule all required inspections from other City departments (e.g. Dept. of Inspectional Services, Fire, WPD, etc. as applicable).



Department of Inspectional Services Christopher P. Spencer, Commissioner 25 Meade Street Worcester, MA 01610 P | 508-799-1198 F | 508-799-8541 Inspections@worcesterma.gov

COMMON VICTUALER APPLICATION

FEE: \$100

MGL Chapter 140, Section 2

MANAGER'S NAME

RESTAURANT NAME

RESTAURANT ADDRESS

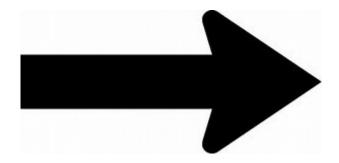
HOURS OF OPERATION

DEPARTMENT SIGN OFFS

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POLICE DEPARTMENT	
HEALTH DEPARTMENT	
NSPECTIONAL SERVICES	
FIRE DEPARTMENT	

TURN OVER TO COMPLETE



25 Meade Street, Worcester, MA 01610-2715 Phone: (508) 799-1198 Fax (508) 799-8544 Email: inspections@worcesterma.gov

MANAGER'S INFORMATION SHEET

Name:			
Email:			
Social Security #:	Driver's License #:		
Date of Birth:			
Are You a United States Citizen?	Yes or No		
Where Were You Born? (List City, State, Country)			
Do You Have Any Criminal Record, (Massachusetts, Military, Any Other State Or Federal Court); Any Other Arrest Or Appearance In Criminal Court Charged With Criminal Offense Regardless Of Final Disposition?* Yes No			
If Yes, Please Describe Offense(S) Specific Charge an	d Disposition (Fine, Penalty, Etc.):		
EMAIL: PHONE #:			
Home Address:			
Time At This Address:			
Previous Address:			
Time At This Address:			
Home Phone:	Business Phone:		
Father's Name:			
Mother's Maiden Name:			
Schooling:			
Have You Ever Been In The Military?	Yes or No		
Honorable Discharge?	Yes or No		
What Is The Name Of The Business:			
What Is The Address Of The Business:			
What Will Be The Hours Of Operation?**			
Identify Financing for Business (You Must List Amount Of Funding And Document The Source E.G. Loan Papers, Checking Accounts, Stock Sales, Etc.)			
Mortgage: \$	Seller: \$		
Cash: \$	Other (Specify): \$		

*I understand the Worcester Police Department will conduct a criminal record check on anyone with a direct/indirect interest in the business. The information below is correct to the best of my knowledge.

**Commission will confirm hours of operation at meeting so please make sure hours listed are the hours you wish to operate.