



CITY OF WORCESTER, MASSACHUSETTS  
**LICENSE COMMISSION**  
City Hall Room 404 – 455 Main Street  
Worcester, MA 01608

**Deborah D. Steele**  
*Principal Staff Assistant*

## ***LODGING HOUSE RENEWAL***

### *Instructions:*

1. Complete the attached application.
2. After the application is processed, you will be billed a \$25.00 Filing Fee and \$50.00 License Fee.

\*Upon completion of the application, please contact the License Commission Office at (508) 799-1400 x234 or email [license@worcesterma.gov](mailto:license@worcesterma.gov) to setup an appointment to review paperwork to be submitted.

\*Payments must be in the form of a check or money order payable to the City of Worcester.

**City of Worcester License Commission**



**Lodging House Renewal**

**Division of Planning & Regulatory Services  
City Hall, 455 Main Street, Room 404 (4th Floor)  
Worcester, MA 01608**

NAME OF OWNER:						
LODGING HOUSE ADDRESS:						
OWNER'S MAILING ADDRESS:			STREET:			
CITY OR TOWN:						
PHONE:						
NUMBER OF FLOORS:						
NUMBER OF LETTING ROOMS:						
BASEMENT	FIRST	SECOND	THIRD	FOURTH	TOTAL	
NUMBER OF APARTMENTS						
TOTAL NUMBER OF LODGING PRESENTLY						
TOTAL NUMBER OF LODGERS AT FULL CAPACITY						
**Fire Alarm/Sprinkler Annual Report must be present at time of inspection						

## MANAGEMENT REQUIREMENTS

### MINIMUM REQUIREMENTS

The owner of each licensed lodging house and the manager of each lodging house must be approved by the License Commission. Whenever the approved owner or manager changes, the new owner or manager must appear before the License Commission for a new approval. No licensed lodging house shall operate without an approved owner or approved manager. Owners will be held responsible for any and all infractions of the law occurring on the licensed premises.

Structures housing between four and ten persons not within second degree kindred to the person conducting it, shall be required to have manager of record who will reside in the building.

Structures housing between eleven and thirty persons not within second degree kindred of the person conducting it, shall be required to have a full time manager of record, who shall reside in the building and be available during the day, as required, to ensure the proper operation of the property.

NOTE: The above requirement applies to the maximum number of rooms in the building whether or not the building is only partially occupied.

RESIDENT MANAGER	
NAME	TELEPHONE #
Indicate specific hours manager will be available on the premises:	
FROM:	TO:
IF THIS PERSON IS NOT AVAILABLE ON SITE 24 HOURS PER DAY, LIST ADDITIONAL RESPONSIBLE BUILDING RESIDENT (SECONDARY MANAGER)	
NAME:	TELEPHONE #
FROM:	TO:

Property Review Team					
25 Meade Street					
Worcester, MA 01610				Telephone	
#799-8570					
Date:					
ADDRESS:					
OWNER			TELEPHONE #		
OWNERS ADDRESS:					
MANAGER:			TELEPHONE #		
LICENSE: YES		NO			
NUMBER OF ROOMS FOR RENT:NUMBER OF FLOORS:					
NUMBER OF OCCUPANTS:					
EMERGENCY LIGHT		YES		NO	
COMMON KITCHEN		YES		NO	
NUMBER OF BATHROOMS					
SUPPRESSION SYSTEM (over cooking area)		YES		NO	
FIRE ALARM:		YES		NO	
		TYPE I		TYPE II	
		BOX #			
SPRINKLER SYSTEM		YES		NO	
		FULL		PARTIAL	
FIRE EXTINGUISHERS:		YES		NO	
		HEATING SYSTEM			
CARBON MONOXIDE DETECTORS		BATTERY		HARD WIRED	
W.F.D. DUMPSTER PERMIT:			YES		NO
W.F.D. FLAMMABLE FLUIDS PERMIT			YES		NO

CRIMINAL RECORD INFORMATION-FOR CITY USE ONLY	
<b>To be completed by owners of record as shown on deed.</b>	
Type of Ownership: (circle one)	
Individual	Partnership Corporation Other
Name	Alias if any
Address	Zip code
Occupation	S.S.#
Birthplace	Date of Birth
Father's Name	Mother's Name
Husband or wife's name	
If you have any record of misdemeanors including: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace and such offenses were disposed of ten or more years prior the filing of this application you may be consider to have "NO RECORD" for the purpose of furnishing this department information as to your criminal record.	
I _____ APPLICANT FOR A <u>LODGING HOUSE</u> LICENSED IN THE CITY OF WORCESTER, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED FOR VIOLATION OF STATE OR FEDERAL NARCOTIC LAW.	
I _____ DO HEREBY STATE THAT I HAVE NO PENDING CRIMINAL CHARGES AGAINST ME OR ANY CRIMINAL VIOLATIONS IN ANY STATE OR FEDERAL COURT EXCEPT THOSE LISTED AS FOLLOWS:	
_____	
_____	
SIGNED AND SUBSCRIBE TO UNDER THE PAINS OF PENALTIES OF PERJURY THIS ___ DAY, OF _____,	
BY: _____	
ANY STATEMENTS CONTAINED HEREIN FOUND TO BE UNTRUE SHALL BE CAUSE OF THE CANCELLATION OF AND/OR REVOCATION OF ANY LICENSED GRANTED TO THE APPLICANT OR CORPORATION IN WHICH HE/SHE IS A PRINCIPAL OR AGENT	

<b>RESIDENT MANAGER -CRIMINAL RECORD INFORMATION-FOR CITY USE ONLY</b>	
To be completed by owners of record as shown on deed.	
Type of Ownership: (circle one)	
Individual	Partnership Corporation Other
Name	Alias if any
Address	Zip code
Occupation	S.S.#
Birthplace	Date of Birth
Father's Name	Mother's Name
Husband or wife's name	
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_____	
SIGNED AND SUBSCRIBE TO UNDER THE PAINS OF PENALTIES OF PERJURY THIS ___ DAY, OF _____,	
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