

**City of Worcester**  
**Department of Public Works and Parks**  
**20 East Worcester St**  
**Worcester MA 01604**  
**Phone (508) 799 – 1450 Fax (508) 799 - 1426**

**APPLICATION TO LICENSE SMALL WIRELESS FACILITIES IN THE PUBLIC RIGHT OF WAY**

The owner of small wireless facilities proposed on a utility pole located within the right-of-way in accordance with Chapter 12, Section 29 of the City Ordinance, shall execute a license agreement with the city annually.

Every license will expire December 31<sup>st</sup>, and must be renewed on an annual basis.

A separate license agreement is required for each pole location within the public right of way.

The License Agreement fee is \$270.00 per year, must be included with application, and made payable to the "City of Worcester".

All new small wireless facilities must be completed and activated for use by a wireless service provider within six (6) months of approval. City and the owner of wireless facilities can agree in writing to extend this period up to one (1) year to accommodate delay caused by lack of commercial power. This extension must be requested within 60 days of initial permit issuance.

Small wireless facilities shall be removed within 90 days of abandonment and notify city. Should the wireless services provider fail to remove the facility within this time period, the City may have facility removed and may recover the actual cost of such removal. A wireless facility shall be deemed abandoned by the wireless services provide, 365 days after the date that such wireless facility ceases to transmit a signal, or failure to renew license.

Operation of the small wireless facilities, including under maximum licensed operating parameters, will not cause interference with the frequencies used by the city, commonwealth or any other public safety agency used for public safety communications. Applications for small wireless facilities must include certification by a qualified radio frequency engineer, a list of radio frequencies to be use at this location, and evidence of the certifying engineer's qualifications to make such certification.

APPLICATION TO LICENSE SMALL WIRELESS FACILITIES IN THE PUBLIC RIGHT OF WAY cont.

All small wireless facilities, licensed by the city shall be subject to final testing for frequency and power output levels by the city's Department of Emergency Communications after installation and activation to determine whether the small wireless facility creates unacceptable interference to any public safety system. Unacceptable interference will be determined by and measured by the city in accordance with industry standards and the FCC's regulations.

If this small wireless facility causes such interference, the owner of the wireless facility will be given written notice. The owner, at its own expense, shall take all reasonable steps necessary to correct and eliminate the interference, including, but not limited to, powering down the small wireless facility and later powering up the small wireless facility for intermittent testing, if necessary. The city may terminate this license for a small wireless facility based on such interference if the wireless services provider is not making a good faith effort to remedy the problem in a manner consistent with the abatement and resolution procedures for interference with public safety spectrum established by the FCC including 47 CFR 22.970 through 47 CFR 22.973 and 47 CFR 90.672 through 47 CFR 90.675.

An original Certificate of Insurance is required. Certificate must name City of Worcester as Certificate Holder. Required coverages listed below.

1. Commercial General Liability coverage for bodily injury and property damage, minimum coverage \$2,000,000 Aggregate.
2. Automobile Liability coverage of \$1,000,000.
3. Workers Compensation Insurance as required by Massachusetts Law, minimum coverage \$500,000 per Accident.

A License will be issued once all requirements are met and deemed acceptable by the Commissioner of Public Works and Parks.



EMERGENCY CONTACTS

(Provide 2 or more persons available 24 hours/seven days a week for emergency response)

FULL NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL # \_\_\_\_\_

FULL NAME \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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LICENSE:      NEW                  RENEWAL      (circle one)

DATE ISSUED \_\_\_\_\_ DATE EXPIRES DECEMBER, 31

LICENSE # \_\_\_\_\_ FEE PAID \$270 CHECK NO \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED  
ORDINANCES GOVERNING REVENUE COLLECTION**

Pursuant to M.G.L.C. 40 Section 57 and Worcester Revised Ordinance, Chapter 11, Article 28, Section a, I hereby certify under the pain and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein, have complied with the Laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind.

1. IF A PROPRIETORSHIP

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. IF A PARTNERSHIP (Full Names and Addresses of all Partners)

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Company Name \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: \_\_\_\_\_

CERT. OF COMPLIANCE - REVENUE COLLECTION cont.

3. IF A CORPORATION

State of Incorporation: \_\_\_\_\_

Full Legal Name of Corp: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_

Other Places of Business in Mass: \_\_\_\_\_

Officers of Corporation:

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

4. IF A TRUST

Name of Trust: \_\_\_\_\_

Business Address: \_\_\_\_\_

NAME OF TRUSTEE

ADDRESS

_____	_____
_____	_____

NAME OF BENEFICIARIES

ADDRESS

_____	_____
_____	_____

ALL: Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

By Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Federal I.D. No. \_\_\_\_\_

1/11/2019

**STATEMENT OF COMPLIANCE WITH WORKERS COMPENSATION ACT**

Massachusetts General Laws, Chapter 152, requires employer to provide Workers' Compensation Insurance for employees. Applicants must demonstrate compliance with Chapter 152 or provide a statement of inapplicability.

Please check the appropriate statements, provide additional information where necessary, and sign below:

Applicant is in compliance with the Massachusetts General Laws relative to providing workers' compensation insurance for employees. A Certificate of Insurance or a license as a self-insurer is attached.

Applicant is not required to provide worker's compensation insurance for the following reasons:

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I certify that the above statement is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
CORPORATE NAME OR DBA

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE