

**City of Worcester
License Commission**



**APPLICATION FOR TEMPORARY EXTENSION OF PREMISES FOR OUTDOOR DINING
(WITH OR WITHOUT ALCOHOL)**

Note: This application is to be used only for temporary extensions of outdoor table service during the period in which applicable COVID-19 Emergency Orders are in effect.

1. APPLICANT & RESTAURANT INFORMATION

- A. _____
Entity (Restaurant) Name (D/B/A) Legal Name (Individual/Corporation), *IF different*
- B. _____
Restaurant **Address** Mailing Address (*IF different from restaurant*)
- C. _____
Applicant/Applicant's Contact Name **Title** (e.g. Owner, Manager, etc.)
- D. _____
Email Address **Phone** Number

2. LOCATION OF OUTDOOR DINING AREA(S)

- A. _____
Outdoor Dining Area **Address** **Owner** Name (*IF different*)
(*IF different from restaurant address*)

B. Specify the location(s) of outdoor dining area(s) proposed. *Note: Indicate Yes or No for all categories.*

Deck	Lawn	Parking Lot	Patio	Sidewalk*	Other (specify):

**Note: Supplemental sidewalk dining application is required.*

3. ALCOHOL SALES AND CONSUMPTION (ON-PREMESIS)

A. The establishment is currently licensed to serve/pour alcohol on-premises (*indicate Yes or No*):

B. **If yes**, describe how the establishment will manage to confine alcohol consumption to the premises:

4. DESCRIPTION OF OUTDOOR SEATING AREA(S) AND PREMESIS ALTERATIONS

A. Proposed Outdoor Capacity	Number of Seats		Number of Tables	
B. On-site Parking Spaces	Parking Currently		Parking Proposed	

C. Provide a description of the changes proposed to the premises including each area identified above. Attach photos and a neatly drawn sketch of the proposed outdoor areas depicting compliance with the State's Mandatory Safety Standards for Restaurants. The sketch must show: table locations and identify the number of seats per table; perimeter fences; barriers between tables; locations of directional signage, signage posted to employ social distancing and hygiene protocols; accessible routes and seating areas, and all other physical features in the extended premises area. If outdoor dining is proposed within parking areas, the sketch must also show parking spaces and circulation aisles that will remain available for parking as well as ingress and egress to the dining area and parking lot. *Attach additional pages as necessary.*

B. Describe plans for accommodating patrons during inclement weather:

5. HOURS OF OPERATION FOR OUTDOOR DINING AREA(S)

A. Indicate your proposed hours of operations for outdoor dining.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation							

6. GOOD NEIGHBOR PRACTICES

A. If on-site parking is being reduced, describe transportation options for customer access to the restaurant.

- B. Identify nearby residences or businesses that may be disturbed by noise or other aspects of the proposed outdoor dining and describe how you will monitor and minimize such disruptions.

7. APPLICANT'S CERTIFICATION

I, the authorized signatory, hereby submit this application (hereinafter the 'Application'), to the Worcester License Commission for approval.

I do hereby declare under the pains and penalties of perjury that I have personal knowledge of the information submitted in the Application, and as such affirm that all statements and representations therein are true to the best of my knowledge and belief. I further submit the following to be true and accurate:

- 1) I understand the requirements of and certify that my establishment will comply with all of the Massachusetts Mandatory Safety Standards (e.g. workplace and restaurants) in effect as they relate to COVID-19.
- 2) I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or sanctions or revocation of the approval.
- 3) I understand that the licensee's failure to operate the licensed premises in accordance with the rules of the License Commission, requirements established by the Governor's June 1, 2020 Order or City Manager's June 3, 2020 Order, and applicable laws and regulations may result in sanctions, modifications, or revocation of the license.

Signature of Applicant

Date

Name of Authorized Signatory (*please print/type*)

Title (*e.g. Property Manager, Attorney, etc.*)

8. ATTACH the following documents for your application to be deemed COMPLETE:

- Proof of **ownership, lease or license rights** to utilize the area proposed for Outdoor Table Service.
- A completed written **COVID-19 Control Plan** (State of MA mandatory self-certification form).
- Photos** of the proposed outdoor dining area(s) and/or alterations proposed.
- A **plan** (neatly drawn sketch) of the proposed outdoor dining area(s) with an appropriate level of detail.
- Proof of **Insurance**: Workers Compensation OR an affidavit that the establishment has no employees.
- Proof of **Insurance**: Liquor Liability – including the extended premises areas (if serving alcohol).
- Sidewalk dining** only: Complete the supplemental sidewalk dining application and submit with this application (a separate permit from DPW&P is *not* necessary).

9. EMAIL a complete application AND the above required attachments to OutdoorDining@worcesterma.gov to begin the review process.

Applications *must* be complete to assure timely review and approval. Applications will be reviewed in the order they are received. Incomplete applications will cause processing delays.