

City of Worcester License Commission



LODGING HOUSE

**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 | |
| 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 | |
| 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 | |
| | |

| RESIDENT MANAGER -CRIMINAL RECORD INFORMATION-FOR CITY USE ONLY | |
|---|-------------------------------|
| 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 |
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