

WORCESTER LICENSE COMMISSION



Application Checklist for a New Common Victualer (Restaurant) License Application

c/o Division of Planning & Regulatory Services • Worcester City Hall - 455 Main St., Room 404 , Worcester, MA 01608
Phone 508-799-1400 x260 • Fax 508-799-1406 • Office Hours: 8:30 am – 5:00 p.m.

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 Planning & Regulatory 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 time-frame 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 DPRS 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 DPRS office. <http://www.worcesterma.gov/e-services/document-center/planning-regulatory>

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 DPRS for this information (508-799-1400 * 260).

FEES

Application Submission

\$100.00 – Must be submitted with the application.

Submit a check payable to City of Worcester

City of Worcester License Commission
c/o Division of Planning & Regulatory Services
Worcester City Hall, 455 Main Street, Room 404 (4th floor), Worcester, Massachusetts 01608
Telephone: (508) 799-1400 x260 Fax: (508) 799-1406
Email: planning@worcesterma.gov
Website: www.worcesterma.gov/development



APPLICATION SUBMISSION

Please submit the original and 4 copies (5 total) of the following submission packet.
Use 8 ½ x 11 inch sized paper with no staples (paper clips are acceptable).

- | | | |
|---|---|--|
| 1 | <input type="checkbox"/> Common Victualer Application (attached) | ➤ Fill out the application completely and legibly, providing requested attachments as applicable. |
| | http://www.worcesterma.gov/e-services/document-center/planning-regulatory | |
| 2 | <input type="checkbox"/> 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 | <input type="checkbox"/> Proposed Menu | ➤ A copy of proposed restaurant menu. |
| 4 | <input type="checkbox"/> 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 DPRS staff when you file.

COMMON VICTUALER (RESTAURANT) LICENSE ISSUANCE

If License Commission votes to approve the petition, DPRS 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).

COMMON VICTUALER LICENSE APPLICATION

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 And Disposition (Fine, Penalty, Etc.):	
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.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory, if Applicable)

**Social Security # (Voluntary)
or Federal Identification Number

- * This license will not be issued unless this certification clause is signed by the applicant
- ** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

PROVIDING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT

Section 25C of Chapter 152 Massachusetts Laws requires that every local licensing authority shall withhold the issuance or renewal of a license or permit to operate a business or to construct a building(s) in the Commonwealth until it has received acceptable evidence of compliance with the Worker's Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings or the renewal of such a license or permit, you must supply one of the following by attaching it to the CERTIFICATE OF COMPLIANCE.

(Please check one):

- () A certificate of insurance showing workers' compensation insurance in effect as of the date upon which issuance or renewal of a license or permit is requested
- () A copy of a policy of workers' compensation insurance in effect as of the date upon which the issuance or renewal of the license or permit is requested

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption and sign the statement where indicated before a Notary Public, who will then notarize the sworn statement:

COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) SS.

- () I am self employed and have no employees who work for me, and do all the work of my business, named _____ at _____, Worcester, myself. Therefore, I am not required to obtain workers' compensation insurance.
- () I and _____ are the owners of the business named _____ at _____, Worcester and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____ 20____ Signature _____

Sworn to and subscribed before me this _____ day of _____ 20_____

Notary Public
My Commission expires

CERTIFICATION OF COMPLIANCE WITH
WORCESTER REVISED ORDINANCES
GOVERNING REVENUE COLLECTION

Pursuant to M.G.L. c. 40, section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, et. Seq., I hereby certify, under the pains 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, betterment's or any other municipal charges of any kind.

GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES INTERESTED

IN THIS APPLICATION

(Give first and last name if full: in case of a corporation give names of President, Treasurer and Manager, and in case of firms, give names of individual members)

1 IF A PROPRIETORSHIP
Name of Owner _____
Business Address _____
Home Address _____
Business Phone _____ Home Phone _____

2 IF A PARTNERSHIP
Full names and addresses of all partners
NAMES ADDRESS

Business Address _____
Business Phone _____

3 IF A CORPORATION
Full legal name _____
State of incorporation _____
Principal place of business _____
Principal place of business in Massachusetts _____

Officers in Corporation
NAME TITLE

4 If a Trust
Name of Trust _____
Business Address _____

NAMES OF TRUSTEES ADDRESS

(Use additional sheets if necessary)

DATED THIS _____ DAY OF _____

By Name _____
Title _____
Business Address _____
Social Security or Federal I.D. No. _____

CERTIFICATE OF COMPLIANCE

**DEPARTMENT OF INSPECTIONAL SERVICES
25 MEADE STREET, WORCESTER, MA.**

The Massachusetts Enforcement and Protection Program, Statute 1983, Chapter 233, and the emergency regulations implemented there under by the Commissioner of Revenue, 830 Code of Massachusetts Regulations 62C.47, required the City of Worcester to furnish certain information of the Department of Revenue.

Any person, who is applying for a right or license to conduct a profession, trade or business, or for renewal thereof, must certify under the penalties of perjury upon such application that he has complied with all the laws of the Commonwealth relative to taxes. Said license or renewal may not be issued without such certification.

“Pursuant to M.G.L. Ch. 62C, Sec.49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

Social Security Number OR
Federal Identification #

Signature of Individual OR
Corporate Name

Date

By Corporate Officer
(if applicable)

THIS FORM MUST BE RETURNED WITH APPLICATION FOR LICENSE

APPROVAL SHEET

POLICE DEPARTMENT_____

PUBLIC HEALTH_____

INSPECTIONAL SERVICES_____

CHAPTER 304 CERTIFICATE_____