

# 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 ext. 31440 • 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).
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### FEES

Application Submission	<b>\$100.00 – Must be submitted with the application.</b> Submit a check payable to <u>City of Worcester</u>
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City of Worcester License Commission  
c/o Division of Planning & Regulatory Services  
Worcester City Hall, 455 Main Street, Room 404 (4<sup>th</sup> floor), Worcester, Massachusetts 01608  
Telephone: (508) 799-1400 x31440 Fax: (508) 799-1406  
Email: [planning@worcesterma.gov](mailto:planning@worcesterma.gov)  
Website: [www.worcesterma.gov/development](http://www.worcesterma.gov/development)



## APPLICATION SUBMISSION

Please submit items 1-4. Use 8 ½ x 11 inch sized paper with no staples (paper clips are acceptable).

- |   |  |  |
|---|--|--|
| 1 | <input type="checkbox"/> <b>Common Victualer Application (attached)</b><br><br><a href="http://www.worcesterma.gov/e-services/document-center/planning-regulatory">http://www.worcesterma.gov/e-services/document-center/planning-regulatory</a> | ➤ Fill out the application completely and legibly, <b>providing requested attachments as applicable.</b>                 |
| 2 | <input type="checkbox"/> <b>Authorizations for use of premises</b>   | ➤ Copy of lease of premises or letter from the property owner authorizing use of premises for the proposed restaurant.   |
| 3 | <input type="checkbox"/> <b>Proposed Menu</b>  | ➤ A copy of proposed restaurant menu.  |
| 4 | <input type="checkbox"/> <b>Worker's Compensation Insurance, if applicable</b>   | ➤ 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.

## 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 & Inspection 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).

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MANAGER'S NAME
RESTAURANT NAME
RESTAURANT ADDRESS
HOURS OF OPERATION

### DEPARTMENT SIGN OFFS

POLICE DEPARTMENT
HEALTH DEPARTMENT
INSPECTIONAL SERVICES
FIRE DEPARTMENT

TURN OVER TO COMPLETE



