



LODGING HOUSE APPLICATION

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 #799-8570	Telephone
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
Spouse's Name	
<p>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.</p>	
<p>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.</p>	
<p>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:</p> <p>_____</p> <p>_____</p>	
<p>SIGNED AND SUBSCRIBE TO UNDER THE PAINS OF PENALTIES OF PERJURY THIS ____ DAY, OF _____,</p>	
<p>BY: _____</p>	
<p>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</p>	

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
Spouse's Name	
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SECONDARY 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
Spouse'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.	
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