

Second Hand Articles License

License expires 04/30

New applications

*Applicant completes application and calls the Worcester Police License Unit at 508-799-8648 to schedule an appointment.

*Letter from Property Owner

* (Rental Agreement)

*Zoning paper to signed off at Zoning Dept., Health and Code Dept.

*Tax Release Form signed off at Treasurer's Office, City Hall

*Business Certificate from City Hall, (Not need if corporation, unless DBA)

*Receipt of City of Worcester Authorized Ledger.

You may request an exemption from the authorized ledger.

The request must be made in writing to the Chief of Police stating the reason for the request.

The written request shall be submitted to the License Division at the time of the license renewal.

*Applicant submits all above documents to License Division.

*Clerk/Officer will check all applications to make sure they are complete.

*Applicant Pays fee. \$100.00

* After all applications are submitted, the officer will go out and inspect the business.

*Permit Issued to applicant.

**If the request is not granted, Applicant advised of reason(s) and options

Renewal applications

*Applicant submits application and pays fee. \$100.00

*If business certificate has expired, applicant will submit new certificate.

*Background check performed on owner and person purchasing articles.

*Permit Issued

APPLICATION FOR SECOND HAND ARTICLES

NAME OF APPLICANT: _____

HOME ADDRESS: _____ PHONE _____

D.O.B.: _____ SS# _____

PLACE OF BIRTH: _____ U.S. CITIZEN: _____

PRESENT EMPLOYER: _____

NAME AND ADDRESS OF BUSINESS APPLYING FOR:

NAME: _____

ADDRESS: _____ PHONE _____

IF A CORPORATION LIST OFFICERS AND ADDRESSES:

PRESIDENT: _____

VICE PRESIDENT: _____

TREASURER: _____

PERSON PURCHASING ARTICLES:

NAME: _____

HOME ADDRESS: _____ PHONE _____

D.O.B.: _____ SS# _____

PLACE OF BIRTH: _____ U.S. CITIZEN: _____

TAX ID# _____

HAVE YOU EVER BEEN ARRESTED, IF YES, EXPLAIN: _____

SIGNATURE OF APPLICANT DATE

CITY OF WORCESTER
Licensing
Reap Release Form

Licensing Department: POLICE FIRE HEALTH/CODE
(Please Circle one)

License Dept. contact person: _____ Ext. _____

Person applying for Licenses: _____

Home Address of Licensee: _____

Business Name _____

Business Address: _____

Property Owner: _____

The City of Worcester Treasurer's Office has reviewed the subject application for fees and taxes owed to the City and as result recommended the following action:

RELEASE LICENSE or REQUEST REAP HEARING

Signature: _____ Date: _____
Assistant Treasurer/Collector

CC: Assessor/Personal Property
File

WORCESTER POLICE DEPARTMENT
LICENSE INVESTIGATION UNIT
9-11 LINCOLN SQUARE ROOM 108
WORCESTER, MA 01608

PLEASE VERIFY THE ZONE AND OCCUPANCY FOR THE FOLLOWING:

TO BE COMPLETED BY APPLICANT:

LOCATION OF BUSINESS: _____

TYPE OF LICENSE APPLIED FOR: _____

OTHER BUSINESSES IN SAME LOCATION: YES _____ NO _____

SIGNATURE OF APPLICANT _____ DATE: _____

TO BE COMPLETED BY INSPECTIONAL SERVICES:

ZONE _____ PERMITTED USE: YES _____ NO _____

OCCUPANCY PERMIT: _____ APPROVED: _____ DENIED: _____

INSPECTIONAL SERVICES SIGN OFF BY: _____

DATE: _____

**PLEASE HAVE THIS FORM SIGNED BY THE CITY OF WORCESTER
DEPARTMENT OF INSPECTIONAL SERVICES, BUILDINGS & ZONING, 25
MEADE ST., WORCESTER, MA (508) 799-1198.**