



BOTTLE SERVICE APPLICATION

1. **Name of Establishment** _____

2. **Location** _____

3. **Description of the Licensed Premises**

Please provide a complete description of the licensed premises, including the location of all entrances/exits, seating areas, restrooms, and tables.

4. **Please describe the theme, concept, types of events, and frequency of proposed bottle service, including a description of the number of patrons and tables that will be offered bottle service at any given time.**

5. **What hours are you proposing to offer bottle service**

6. **Security & Control Plan Details**

Provide a description of how you will ensure that bottles are monitored and remain under the direct control of a Bottle Host. If proposing storage of bottles in locked containers, include a description of container specifications and standard procedures for monitoring patrons and responding to requests for service.

7. **Floor Plan**

On a separate page, provide a scaled drawing illustrating the location of all entrances/exits, seating areas, restrooms, the number and location of tables, lounge areas, or other areas where bottle service will be served.

8. **Staffing Plan**

Provide a description of how you will ensure adequate staffing to ensure the Bottle Host is able to perform the control plan.

9. Have you ever been subject to disciplinary action by the ABCC or any local licensing authority? Yes/No.

If yes, please provide the date of action, location, and reason for disciplinary action.

10. Please attach any additional information that will support your application or clarify any answers provided above.

11. Applicant's Name:

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Manager of record: _____

The applicant's signature certifies that the above information is true and accurate to the best of their knowledge. The applicant confirms that they are aware that a license may be withheld or revoked when the use is conducted in manner that does not conform to all provisions of law, including ordinances and rules and regulations of the City of Worcester. Grant of a license is not confirmation of compliance with zoning or other pertinent regulations.

_____ **Date:** _____

Applicant's signature

12. Owner Name: (if different from Applicant) _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Owner's Signature

I hereby certify under pains and penalties of perjury that the above and enclosed facts are truthful and that I have authorization to submit this application as the manager of record of the licensee.

(Required if the Applicant is not the same as the Owner; signed letter of permission is an acceptable substitute)

_____ **Date:** _____

Fees: \$50.00 filing fee, \$50.00 Bottle Service Liquor License Amendment fee. Make checks payable to City of Worcester