



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
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## LICENSED PREMISES INSPECTION APPROVALS FORM

**To all Applicants:** Approval of the department listed below must be received by the Licensing Commission before a license will be issued.

**PLEASE NOTE:** Written approval from the Zoning Division of Inspectional Services Department **must** be obtained **before** an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to Inspectional Services Department prior to or along with this document.

**Contacts:** **Zoning, Building, Electrical & Health**  
Inspectional Services Department  
831 Massachusetts Ave, Cambridge, MA  
617-349-6100

**Fire Prevention Bureau**  
Cambridge Fire Department  
489 Broadway, Cambridge, MA  
617349-4918

Please list all Licenses/Uses for which you are applying: \_\_\_\_\_

**To be Completed by Applicant:**

Business Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**List of Uses for each Floor:**

Basement: \_\_\_\_\_ First: \_\_\_\_\_  
Second: \_\_\_\_\_ Third: \_\_\_\_\_  
Fourth: \_\_\_\_\_ Fifth: \_\_\_\_\_  
Add'l Levels: \_\_\_\_\_ Roof: \_\_\_\_\_

<b>NOTE: Applicant is responsible for securing signatures of the following inspector(s) for their approval:</b>	
Zoning Specialist:	_____
Uses Allowed by Zoning:	_____
<b>Restaurants:</b> Total # of Occupants: _____ Total # on off-site/off-street parking spaces exclusively dedicated to restaurant use and available at all times when license is being exercised:	
Building Inspector:	_____ Date: _____
Sanitary Inspector:	_____ Date: _____
Wiring Inspector:	_____ Date: _____
Fire Department:	_____ Date: _____