

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$150

Date October 6, 2014

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/6/14</u>
Amount Paid	<u>\$150 + \$75</u>

2014 OCT -6 A 9:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Amendments or Changes

☐ Renewing Application with NO Amendments or Changes

Business (DBA) Name: Wizard Catering Phone: 781-363-2333

Applicant's Federal Employer Identification Number: SS# 034-50-8987 MDOR # 452-579-228

Applicant's Legal Name: Domenic C. Catino d/b/a Wizard Catering

Applicant's Address (with Zip Code): 20 Indian Rock Drive, Saugus, MA 01906

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Lisa Catino Phone: 781-632-9811

Type of Business (Check Only One and Provide the Names Indicated):

☒ **Sole Proprietor:** Name of Owner: Domenic C. Catino d/b/a Wizard Catering

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Mass. Hawkers and Peddlers License Number (Attach a copy) No. 120297A
 Description of the proposed foods to vend (attach menu) see Menu attached

Description of the proposed truck or cart with dimensions (attach photo) Wells Cargo 12' x 8' food concession trailer (see photo attached)

Location(s) you are requesting: (Depending on how you operate, there may be parking fees associated)	Months, Dates, Days, and Times you will operate. (You must be on-site at these times or your license may be rescinded)	Traffic & Parking Department Review:
<u>Tufts Campus</u> : College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval.		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:
<u>Davis Square</u> : 1 st legal parking space west of the MBTA Red Line station on the south side of Holland St.		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:
<u>Union Square</u> : Parking Lot space(s) in front of Precinct and Independent, adjacent to the pedestrian mall.		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:
<u>Magoun Square</u> : South side of Broadway east of Cedar St. adjacent to Trum Field.		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:
<u>City Hall</u> : Concourse in front of High School.		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:
<u>Other Location</u> (attach Vending Site Plan): SAT, SUN, Holiday Monday 10 AM - 7 PM	K53 Assembly Row K54	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: <i>Skubert</i>
<u>Other Location</u> (attach Vending Site Plan): Monday - Friday 11 AM - 5 PM	Revelation Drive @ Home Depot	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: <i>Skubert</i>
<u>Other Location</u> (attach Vending Site Plan):		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I also understand that the application fee required by the City is not refundable for any reason. I also certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: Domenic C. Catino Date: October 6, 2014

Print Name: Domenic C. Catino d/b/a Phone: 781-363-2333
Wizard Catering

RELEASE AND INDEMNITY AGREEMENT

I hereby agree to release, discharge and hold harmless, the City of Somerville, Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the applicant's conduct under this license.

Signature of Applicant: Domenic C. Catino Date: October 6, 2014

Print Name: Domenic C. Catino Phone: 781-363-2333

DEPARTMENTAL APPROVALS**INSPECTIONAL SERVICES DEPARTMENT/HEALTH DIVISION** (Required for ALL Mobile Food Vendors).

I have reviewed the required material for Board of Health licensure of this Mobile Food Vendor and have found that it conforms to all laws set by the State and City with regard to food codes.

☒ Approved ☐ Not Approved ☐ N/A Date 10/6/14

Conditions —

Signature BENJAMIN LIPHAM/JL Print Name —

FIRE PREVENTION BUREAU (Required for ALL Mobile Food Vendors using flammables).

I have inspected the truck or cart to be used by this Mobile Food Vendor and have found that it conforms to all laws set by the State and City with regard to fire codes.

☒ Approved ☐ Not Approved ☐ N/A Date 10/6/14

Conditions —

Signature Carl Silva Print Name Kenneth Silva

Dom to
obtain
signature

Dom to
obtain
signature

POLICE DEPARTMENT (Required for ALL Ice Cream Vendors).

N/A

I have reviewed the application for Police Licensure of this Ice Cream Vendor and have found that it conforms to all laws set by the State and City with regard to Ice Cream Trucks.

___ Approved ___ Not Approved ___ N/A Date _____

Conditions _____

Signature _____ Print Name _____

OTHER CONDITIONS

1. This license is required to operate anywhere within Somerville city limits, but it does not by itself give permission to operate in areas not under the City's control, including private property and certain streets and areas owned by the state. The City may require evidence that the Applicant has permission to operate in these areas at any time.
2. The following streets and areas are owned by the state, and may require state approval to operate, in addition to this license:

Alewife Brook Parkway	Foss Park	Mystic River shoreline
Fellsway	Lombardi Way	Mystic Valley Parkway
Fellsway West	McGrath Highway	
3. The Applicant shall not operate at, or within 500 feet of, public events legally permitted by the City, unless explicitly requested and authorized by the event organizer and approved by the Inspectional Services Department/Health Division.
4. The Applicant shall not operate between the hours of 9:00 PM and 8:00 AM, unless explicitly requested and authorized by this license.
5. The Applicant shall operate at the locations and times described and approved in this application.
6. The Applicant shall not use styrofoam products.
7. The Applicant shall not park adjacent to a bus stop, taxi stand, or loading zone, or handicap ramp, within 30 feet of an intersection, or directly in front of a property entryway. Pedestrian walkways of at least 6 feet must be maintained on the service side of the mobile food vehicle.
8. The Applicant shall not park at a designated short-term metered space, occupy more than 2 metered parking spaces, or operate at a hooded metered space or a parking meter that is temporarily out of service
9. Parking at a metered space shall only be allowed at an operational metered space, complying with all posted requirements and fees. Parking at a designated short-term metered space shall not be permitted.
10. When any portion of the mobile food vehicle, including any accessories, extends into an adjacent parking space, then that space shall be considered occupied by the mobile food vehicle and the licensee must comply with all posted meter requirements.
11. The Applicant shall not reserve a metered parking space by blocking, barricading, hooding, signing, or in any other manner preventing another vehicle from occupying the space.

12. The applicant shall not park in such a manner so as to create a traffic hazard.
13. Sales by licensee shall be made on the curbside only and the vehicle shall be parked within 1 foot of the curb.
14. The Applicant shall not sell, lend, lease, or in any manner transfer this license.
15. The Applicant shall post this License conspicuously in a place visible to all customers.
16. The Applicant shall set out a trash and recycling receptacle for the use of the public while at a vending site. Said receptacles, and all papers, containers, garbage or other litter shall be removed by the Applicant. The Applicant shall regularly remove any litter found on adjacent streets, sidewalks and alleys, within 100 feet of the vending site.
17. Other conditions: _____

ACCEPTANCE OF CONDITIONS

I hereby state that I will adhere to all of the conditions listed above, including all of the conditions set forth by the City Departments in the approvals provided above. I also understand that any violation of the City's rules and regulations pertaining to Mobile Food Vendors could subject me to arrest, fine, and/or loss of this license.

Signature of Applicant Domenic C. Catino Date October 6, 2014
Print Name: Domenic C. Catino Phone: 781-363-2333



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Domenic C. Catino d/b/a Wizard Catering
Address of taxpayer/applicant's business in Somerville: N/A mobile food vendor Revolution Way,
Somerville, MA and
Address of taxpayer/applicant's home in Somerville: N/A Assembly Row,
Somerville, MA
Taxpayer/applicant's phone: 781-363-2333 email: dcatino@comcast.net

I, (print name) Domenic C. Catino, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 6th day of October, 2014. Domenic C. Catino
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____
N/A # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: D

ORIGINAL STAMP:

10/6/14

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Domenic C. Catino d/b/a Wizard Catering
Address: 20 Indian Rock Drive
City: Saugus State: MA Zip: 01906 Phone #: 781-233-3440

- ☒ I am an employer with 0 employees (full and/or part time). Business Type: ☐ Retail
☒ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other mobile food vendor

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

Applicant certification:

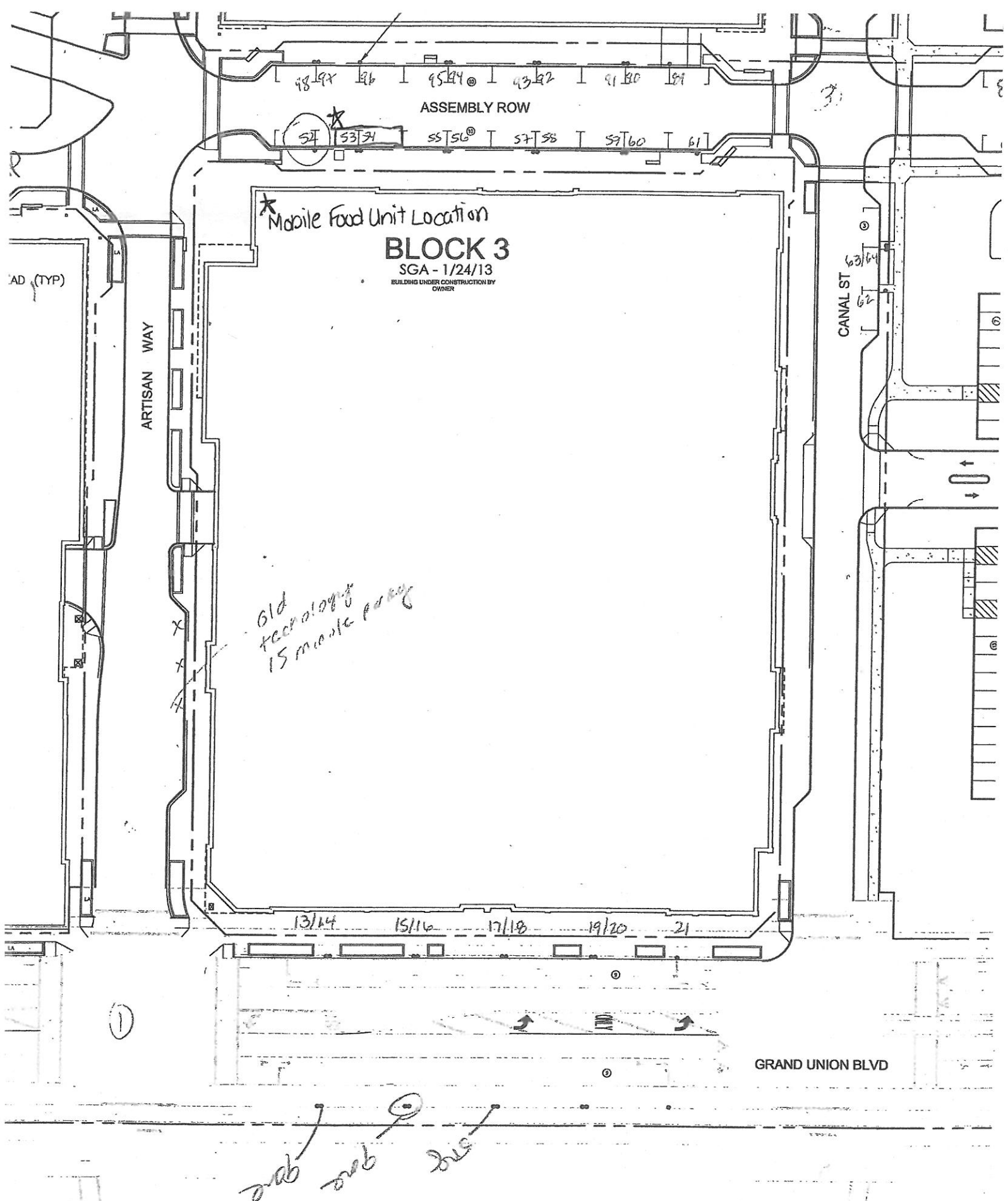
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Domenic C. Catino Date: October 6, 2014
Print Name: Domenic C. Catino d/b/a Wizard Catering

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____
☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____



Food truck trailer will be driven down Grand Union Blvd, Right onto Artisan Way, Right onto Assembly Row, parked @ meters #53 and #54



Image captured: Aug 2011 © 2014 Google 1 km

MENU

ITALIAN WIZARD

Sausage w/grilled onions and peppers

Grilled Teriyaki Chicken w/grilled onions and peppers

Steak n Cheese (extra lean shaved steak)

Super Long Hot Dog (Old Neighborhood)

Chili Dog w/cheese

Colossal All Beef Hot Dog

Grilled Cheese on extra thick Sour Dough bread

Meatball w/provolone cheese

Gatorade, water, Pepsi, Coke (bottled and/or canned)

SPECIAL STATE LICENSE

Hawker or Pedler

Take care of your license.

Lost license will not be replaced.

No 120297 A

Fee: \$60.00
Display \$2.00

Licensee: DOMENIC CATINO
20 INDIAN ROCK DRIVE
SAUGUS, MA 01906

The Commonwealth of Massachusetts

DIVISION OF STANDARDS
ONE ASHBURTON PLACE, BOSTON

Expires: 10/01/15

Date of Birth: 04/07/62

Date 10/02/14

Above portion must be worn in a visible
and conspicuous manner on outer clothing.

Be it known unto all to whom these presents come, that the above-named person is hereby licensed to go about as a HAWKER or PEDLER in all the Cities and Towns in this Commonwealth, and to sell or expose for sale or barter any meats, butter, cheese, fish, fruits, vegetables, or other goods, wares or merchandise; except jewelry, furs, wines, spirituous liquors, small artificial flowers or miniature flags.

This license is not valid until after the licensee has endorsed his usual signature in the space provided in the margin hereof, and the license is dated and stamped with the official stamp or signature of the Director. The portion of the license indicating the license number, licensee's name and the date of expiration must be worn in a visible and conspicuous manner on outer clothing, otherwise he will be liable to the same penalty as if he had no license.



Director of Standards

THIS LICENSE IS NOT TRANSFERABLE

Signature of Licensee Domenic Catino



THE COMMONWEALTH OF MASSACHUSETTS
CITY OF SOMERVILLE
BOARD OF HEALTH.
CERTIFICATE OF REGISTRATION

Name of Establishment: Italian Wizard, Inc.
Location: 16 Sturtevant St.
Somerville MA 02145

License #:
HFL14-000469

REGISTERED UNDER THE PROVISIONS OF SECTION 305A,
CHAPTER 94 OF THE GENERAL LAWS

Date of
Registration: 07/01/2014

Expiration
Date: 06/30/2015

REGISTRATION SHALL NOT BE TRANSFERRED, ASSIGNED OR
CONVEYED. NO FOOD ESTABLISHMENT SHALL PROCESS, PREPARE
FOR SALE, OR SELL, ANY FOOD PRODUCT UNLESS REGISTERED.

Issued By:

Title:

DIRECTOR, HEALTH DEPARTMENT

License Granted:
Mobile Food

Fee: \$ 240.00

POST ON PREMISES IN PUBLIC VIEW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tarpey Insurance Group 38 Main St PO Box 990 Saugus MA 01906-0304	CONTACT NAME: Stephen Tarpey, CPCU, CIC, VP PHONE (A/C, No, Ext): (781) 233-9050 FAX (A/C, No): (781) 231-8151 E-MAIL: steve@tarpeyinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Sentinel Insurance Company NAIC # 11000 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED ITALIAN WIZARD, INC. 20 INDIAN ROCK DRIVE SAUGUS MA 01906	

COVERAGES

CERTIFICATE NUMBER: 14-15

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			08SBMPT0912	6/10/2014	6/10/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
		GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance Additional insured: City of Somerville

CERTIFICATE HOLDER**CANCELLATION**City of Somerville
93 Highland Avenue
Somerville, MA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rebecca Berube/REBECC