

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$150

Date 1/29/14

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Amendments or Changes

☐ Renewing Application with NO Amendments or Changes

Business (DBA) Name: Pennypackers Phone: 857 523 8053

Applicant's Federal Employer Identification Number: 454762331

Applicant's Legal Name: Pennypackers Fine Food Inc

Applicant's Address (with Zip Code): 514c Medford St. Somerville, MA 02145

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

Mailing Address (with Zip Code): _____

Emergency Contact: Kevin McGuire Phone: 3522831004

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

☐ **Sole Proprietor:** Name of Owner: _____

☐ **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: Pennypackers Fine Food Inc

Name of President: Ryan McGuire

Name of Secretary: Kevin McGuire Name of Treasurer: Ed McGuire

☐ **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) Kevin McGuire

Description of the proposed foods to vend (attach menu) Sandwiches, Salads, Sips

Description of the proposed truck or cart with dimensions (attach photo) 26 x 8 x 9

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be rescinded)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):	<u>Aeronaut Brewery</u> <u>varies</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: _____
<u>Other Location</u> (attach Vending Site Plan):		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: _____
<u>Other Location</u> (attach Vending Site Plan):		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: _____

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.

RELEASE AND INDEMNITY AGREEMENT

DEPARTMENTAL APPROVALS

Signature LT R Mac Laughlin Print Name LT ROBERT MAC LAUGHLIN

POLICE DEPARTMENT (Required for ALL Ice Cream Vendors).

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 _____ Date 1/29/15
Print Name: Kevin McGuire Phone: 857 523 8053

PENNYPACKER'S



BOSTON, MA 857-523-8053

www.PennyPackersFoodTruck.com



PENNYPACKER'S

514C MEDFORD STREET | SOMERVILLE, MA | 857-523-8053

S A N D W I C H E S

roasted mushroom

grilled sweet potato, taleggio cheese,
herb salad, walnut vinaigrette

roasted cauliflower

black pepper chevre, shaved brussels sprouts,
herbs, walnuts, red onion, currant vinaigrette

grilled chicken

grilled chicken thighs, duck fat brussels sprouts,
silton, mesclun, hazelnut vinaigrette

porchetta

our award-winning specialty! slow roasted
italian - style crispy, cured pork belly
wrapped around pork shoulder, marinated with
fresh rosemary, parsley, + spices
(accompaniment changes daily)

meatloaf

pickled onions + chilis, red curry mayo,
fried egg, greens + herbs

S A L A D S

simple mesclun salad

hazelnut vinaigrette, chevre

winter panzanella salad

red kuri squash, golden beets, arugula, chevre,
pomegranate seeds, fresh horseradish,
orange vinaigrette

warm quinoa salad

tuscan kale, radicchio, mushrooms,
gorgonzola, herbs, pepitas, dijon vinaigrette

S I D E S

duck fat brussels sprouts

parn, herbs

brussels sprouts slaw

walnuts, red onion, herbs, currant vinaigrette

side of mixed pickles

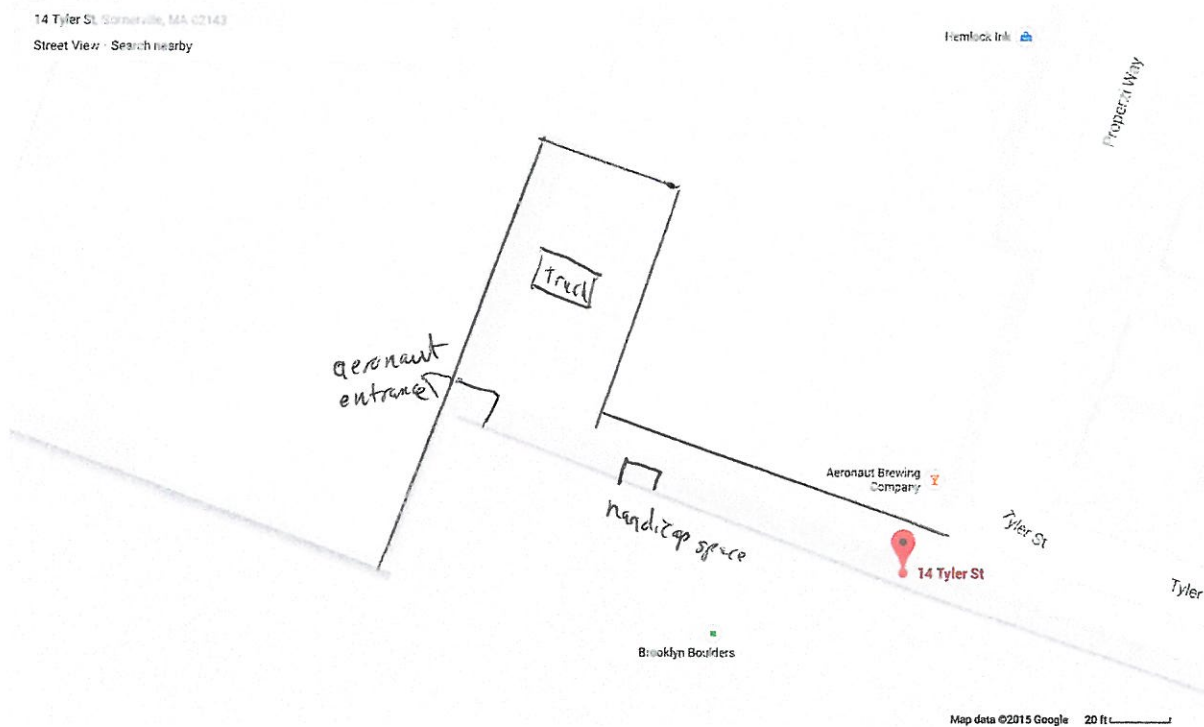
1/29/2015

14 Tyler St - Google Maps



1/29/2015

14 Tyler St - Google Maps



SPECIAL STATE LICENSE
Hawker or Pedler

No **119363 A**

Licensee: Kevin McGuire
514c Medford St.
Somerville, MA 02145



Expires: **APR 23 2015**

Date of Birth: **6-16-80**

*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.

[Handwritten signature]

Director of Standards

THIS LICENSE IS NOT TRANSFERABLE

*Take care of your license.
Lost license will not be replaced.*

Fee: \$60.00
Display \$2.00

The Commonwealth of Massachusetts

DIVISION OF STANDARDS

ONE ASHBURTON PLACE, BOSTON

Date **APR 24 2014**

[Handwritten signature]
Signature of Licensee



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Penny Pachers

Address of taxpayer/applicant's business in Somerville: 514c Medford St. Somerville MA 02145

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: 857 523 8053 email: pennypachers food truck@gmail.com

I, (print name) Kevin McQuinn, 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 29 day of

January, 2015. [Signature]
(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: _____

10082 # 208087021 # 845 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

UR Banaw
1-29-15

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: Perrygoarches Fine Food Inc
Address: 514c Madford St
City: Somerville State: MA Zip: 02145 Phone #: 857523 8053

- ☒ I am an employer with 8 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual Insurance Company agent/EJ McGrath Insurance
Address: PO Box 1003
City: Dennis State: MA Zip: 02638 Phone #: 508 385 2454
Policy #: AWC70276042014A Expiration Date: 7/3/15

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: [Signature] Date: 1/29/15
Print Name: Kevin McLevin

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 _____