APPLICATION FOR AN OPEN AIR VENDOR LICENSE

Application Fee \$150.00		CITY CLERK'S OFFICE ONLY ecorded 19/11	7
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New Application		,	•
Renewing Application with Ad	ditions or Changes		
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Business (DBA) Name: Next Business Location (with Zip Code Applicant's Legal Name: So Applicant's Address (with Zip Code Applicant's Email Address: Applicant's Federal Employer Ide Mailing Name (where we should se	ode): 8 Bonair St willey @ K12. So entification Number: 04	som. MA a marville ma 16-001-414	02145
Mailing Address (with Zip Code)	9 Bonair St.	Som. MA 0:	145
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Mailing Address (with Zip Code)	Bonair St. Willey	Sam. MA 0:Phone: 617-625	145
Mailing Address (with Zip Code) Emergency Contact: David	Sole Proprietor _P	Sam. MA 0:Phone: 617-625	
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Detailed description of the wares to be sold Nova Scotia balsam firs
Mon Fri 4:00 to 8:00 PM
Expected dates and hours of operation Dec. 1 to Dec. 23 Sat Sun 10 Am to 8:00 PM
Have you or any employees who will be working under this license been cited by the Somerville Police for illegally vending in the City during the past year?
Attach a list of the names and ages of all employees who will be working under this license.
Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in front of which the business will be located.
ACKNOWLEDGEMENT
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading will result in the forfeiture of this license, and that I will be required to wait one year before submitting a new application, and that I may be subject to criminal prosecution pursuant to MGL c101. I also understand that any violation of the City's rules and regulations pertaining to Open Air Vendors could subject me to arrest, fine, and/or loss of this license.
Signature of Applicant A K Willy Date 10-14-11
RELEASE AND INDEMNITY AGREEMENT
I, the undersigned Applicant, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of 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 undersigned's conduct under this license as described herein.
Signature of Applicant 12 K will Date 10 - 14 - 61

DEPARTMENTAL APPROVALS

SEALER OF WEIGHTS AND MEASURES (Required for ALL Open Air Vendors.)

I have inspected this open air vending business and any weighing and measuring devices that will be used by this vendor, and have found that they are satisfactory. License #____ Date_____ Conditions NA Signature_____ Print Name____ INSPECTIONAL SERVICES/HEALTH DIVISION (Required only for the sale of foods.) I have inspected the equipment to be used by this Open Air Vendor and have found that it conforms to all laws set by the State and City with regard to health codes. License #____ Conditions Signature_____ Print Name____ FIRE PREVENTION BUREAU (Required only for the use of propane or other flammables.) I have inspected the equipment to be used by this Open Air Vendor and have found that it conforms to all laws set by the State and City with regard to fire codes. License #____ Conditions NA Signature Print Name____ OTHER CONDITIONS 1. A \$5,000 City and County Licenses and Permits Bond or a current Certificate of Insurance listing the City of Somerville as an Additional Insured on the business liability insurance in a form satisfactory to the City shall be provided before the City Clerk will issue the license. 2. The Applicant shall submit an updated list of the names and ages of all employees who will be working under this license to the City Clerk, whenever new employees are hired. If the Applicant is an organization engaged in charitable work or a post of any incorporated veterans organization, no person under 16 years of age shall act as an agent of the Applicant. 3. The following streets and areas are owned by the state, and require state approval to operate, in addition to this license: Alewife Brook Parkway Draw 7 Park McGrath Highway Blessing of the Bay Fellsway Mystic River shoreline Boathouse Fellsway West Mystic Valley Parkway Community (Bike) Path Foss Park Shore Drive Dilboy Field Lombardi Way

	longer engaged in sales.
5.	Other conditions:
AC	CCEPTANCE OF CONDITIONS
	nereby state that I will adhere to all of the conditions listed above, including all of the inditions set forth by the City Departments in the approvals provided above.
Sig	mature of Applicant ANK Wy Date 10-14-11

4. The Applicant shall set out a trash receptacle for the use of customers while engaged in the business of selling his or her wares. Said receptacle, and all papers, containers, garbage or other litter from his or her wares shall be removed by the Applicant when he or she is no

Full Circle Teachers

Margaret DePasquale

Ted O'Brien

Edith Medeiros

Anne Carr

Joel Blackmer

Meghan Grosskopf

Tim Dunphy

Tim Dempsey

Next Wave Teachers

Sally Brith

Maureen Robichaux

Agnes Gallant

David Aronofsky

Sarah Neumann

Counselors

Andy Rosing

Wadson Michel

MaryAnn Beaton

Craig Leach

Paul O'Brien

Virginia Roche

David Willey