

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

Application Fee \$150 & \$50 for each employee

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid 150.00

2011 APR -4 P 3: 0

CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Mary Stewart Phone: 617-501-2901

Applicant's Address (with Zip Code): 32 Putnam Rd Somerville MA 02145

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: _____

Business DBA Name (if applicable): MOE'S BBQ Trolley

Business Location (with Zip Code): Somerville MA 02145

Mailing Name (where we should send correspondence to): Mary Stewart

Mailing Address (with Zip Code): 32 Putnam Rd Somerville MA 02145

Emergency Contact: Mollie Stewart Phone: 617-625-1405

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☐ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Mary Stewart

Address with Zip Code: 32 Putnam Rd Somerville MA 02145

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Mass. Hawkers and Peddlers License Number (Attach a copy) _____

Date of Issuance _____

Detailed description of the wares to be peddled Food

Detailed description of the vehicle, cart or display to be used Trolley

Detailed description of the location(s) to be used Broadway Lifts

Detailed description of the dates and hours of operation _____

Detailed description of any municipal events (parades, block parties, etc.) to be attended _____

Attach a list of the names and ages of all employees who will be working under this license.

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? _____

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 Hawkers and Peddlers could subject me to arrest, fine, and/or loss of this license.

Signature of Applicant Mary Stewart Date 3-27-11

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 Mary Stewart Date 3-27-11

DEPARTMENTAL APPROVALS

SEALER OF WEIGHTS AND MEASURES (Required for ALL Hawkers and Peddlers.)

I have inspected the cart, vehicle or display, and any weighing and measuring devices that will be used by this Hawker and Peddler, and have found that they are operating properly.

License # _____ Date 3/28/11

Conditions _____

Signature Stephen G. Burgess Print Name Stephen G. Burgess

INSPECTIONAL SERVICES/HEALTH DIVISION (Required only for the sale of foods.)

I have inspected the cart, vehicle or display to be used by this Hawker and Peddler and have found that it conforms to all laws set by the State and City with regard to health codes.

License # 20100452 Date 3/28/11

Conditions licenses shall be displayed at all times

Signature Michelle Bowler Print Name Michelle Bowler

FIRE PREVENTION BUREAU (Required only for the use of propane or other flammables.)

I have inspected the cart, vehicle or display to be used by this Hawker and Peddler and have found that it conforms to all laws set by the State and City with regard to fire codes.

License # SFD. Date 3/28/11

Conditions Keep extinguishers readily accessible.

Signature Captain Arvey Print Name Michael Arvey

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 addresses of all employees who will be working under this license to the City Clerk, whenever new employees are hired.

3. Operation in the following streets and areas is prohibited:

Alewife Brook Parkway
Belmont Park and
adjacent street
Cedar Street
Central Street
College Avenue
Community Path
Curtis Avenue

Dane Street
Davis Square area
(from a vehicle or
other conveyance)
Fellsway West
Highland Avenue
McGrath Highway (300
feet on each side)

Mall Road
Medford Street
Mystic Avenue
Park Street
Powder House Park
area
Prospect Hill Park area
School Street

Summer Street
Somerville Avenue
(McGrath Highway
to Wilson Square)

Somerville Hospital
area
Temple Street

Union Square area
(from a vehicle or
other conveyance)

4. The Applicant shall not sell or offer for sale any goods, wares, or merchandise between the hours of 9:00 PM and 8:00 AM, and shall not cry his or her wares to the disturbance of the peace and comfort of the inhabitants of the City at any time. A duly licensed ice cream vendor shall not use any sounding device between the hours of 8:00 PM and 9:00 PM.
5. The Applicant shall not go uninvited to any dwelling or place of residence for the purpose of selling, bartering, or attempting to sell or barter his or her wares.
6. 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 longer engaged in sales.
7. The Applicant's cart, vehicle or display shall have plainly printed on each side thereof the name of the Applicant, and shall be kept in a neat and clean condition, and shall not leak.
8. For hawking and peddling at the Mystic View and/or the Mystic River Housing Developments, the Applicant shall not sell or offer for sale his or her wares between the hours of 8:00 PM and 12:00 Noon, and shall not operate at any location other than the parking lot of the Tenant Recreation Facility at 530 Mystic Avenue. The Applicant shall only enter and exit the area via the Memorial Road/Mystic Avenue intersection and shall proceed directly to and from the parking lot, and shall not enter, exit, or drive through any other locations in the Developments at any other time. The Applicant shall not interfere, by threats, intimidation or coercion, with the exercise of any other hawker/peddler's right to sell wares. Any hawker/peddler who violates these regulations shall be liable to a penalty of \$100 for each offense; each day a violation continues shall constitute a separate offense. Any hawker/peddler remaining on housing authority property in willful violation of these regulations may be arrested pursuant to MGL Chapter 272 Section 59 without a warrant by any officer authorized to serve criminal process in the place where the offense is committed and kept in custody until he or she can be taken before the Somerville District Court. Any hawker/peddler who violates these regulations may also be penalized by a noncriminal disposition as provided by MGL Chapter 40 Section 21D.
9. 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.

Signature of Applicant

Mary Stewart

Date

3-27-11

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?		X		4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			X
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?		X		5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			X
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?		X		6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			X
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED		\$ PAID TO SUB-CONTRACTORS:		% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	
						# PART-TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		X		6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			X
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?		X		7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			X
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		X		8. PRODUCTS UNDER LABEL OF OTHERS?			X
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		X		9. VENDORS COVERAGE REQUIRED?			X
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		X		10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			X

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
X	ADDITIONAL INSURED	City Of Somerville Somerville, MA			LOCATION: 1
	LOSS PAYEE				BUILDING:
	MORTGAGEE				VEHICLE:
	LIENHOLDER				BOAT:
	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
					OTHER
ITEM DESCRIPTION:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		X		12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			X
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X		13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			X
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g., landfills, wastes, fuel tanks, etc)		X		14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			X
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X		15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			X
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X		16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			X
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		X		17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			X
7. ANY PARKING FACILITIES OWNED/RENTED?		X		18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			X
8. IS A FEE CHARGED FOR PARKING?		X		19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			X
9. RECREATION FACILITIES PROVIDED?		X		20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			X
10. IS THERE A SWIMMING POOL ON THE PREMISES?		X					
11. SPORTING OR SOCIAL EVENTS SPONSORED?		X					

REMARKS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY.SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied).

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Mary Stewart
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: David & Mary Stewart

Address of taxpayer/applicant's business in Somerville: 32 Putnam Rd

Address of taxpayer/applicant's home in Somerville: 32 Putnam Rd

Taxpayer/applicant's phone: day: 617-501-2901 evening: 617-501-2901

I, (print name) Mary Stewart, 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 27 day of

March, 20 11. Mary Stewart
(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

18590040

218073001

NO TICC

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP:

*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: Mary Stewart
Address: 32 Putnam Rd
City: Somerville State: MA Zip: 02145 Phone #: 617-501-2901

- ☐ I am an employer with _____ 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: _____
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: Mary Stewart Date: 3-27-11
Print Name: Mary Stewart

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 _____