

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

Application Fee \$150 & \$100 for each employee

Date 4-18-12

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>5/10/12</u>
Amount Paid	<u>150</u>

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAY - 8 P 12:03

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business (DBA) Name: King of Slush Phone: 617-797-6523

Business Location (with Zip Code): 10 Montgomery ave Somerville Ma 02145

Applicant's Legal Name: John Mellone

Applicant's Address (with Zip Code): 10 Montgomery ave Somerville Ma 02145

Applicant's Email Address: Johnnybank31@yahoo.com

Applicant's Federal Employer Identification Number: (King of Slush)

Mailing Name (where we should send correspondence to): 10 Montgomery ave Somerville Ma 02145

Mailing Address (with Zip Code): _____

Emergency Contact: Andrea Bedry Phone: 617 797-6523

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: John Mellone

Address with Zip Code: 10 Montgomery ave 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 Around Somerville (Foss Park and other parks such as Trum field)

Detailed description of the vehicle, cart or display to be used A Stush push cart that's cooled with ice only)

Detailed description of the location(s) to be used Around foss park and Trum field.

Detailed description of the dates and hours of operation May 1, 12 to Nov 1, 12 Monday to Sunday 11am to 7pm

Detailed description of any municipal events (parades, block parties, etc.) to be attended Forth of July fireworks at Trum

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? No

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 John Mellone Date 4-18-12

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 John Mellone Date 4-18-12

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 _____

Conditions _____

Signature _____ Print Name _____

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 # _____ Date _____

Conditions _____

Signature _____ Print Name _____

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 # _____ Date _____

Conditions _____

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. 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 before it issues this license.
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	

4. Operation in the following streets and areas is prohibited unless explicitly authorized by this license:

Davis Square area
Powder House Park
area

Prospect Hill Park area
Somerville Hospital
area

Union Square area

5. Operation at public events legally permitted by the City is prohibited unless explicitly requested and authorized by this license.
6. 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.
7. The Applicant shall not cry his or her wares to the disturbance of the peace and comfort of the inhabitants of the City at any time, and shall not go uninvited to any residence for the purpose of attempting to sell or barter his or her wares.
8. 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.
9. 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.
10. 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.
11. 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 John Pellone Date 4-18-12

**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.

John Mellone
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

012-62-2056
**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: John Mellone (King of Slush)

Address of taxpayer/applicant's business in Somerville: 10 Montgomery ave Somerville
Ma 0214

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

Taxpayer/applicant's phone: day: 617 767 9382 evening: 617 797 6523

I, (print name) John Mellone, 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 18th day of

April, 20 12. John Mellone
(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: _____

13430065 # 116003001 # _____ # _____

NOTES: 10019

CLERK'S INITIALS: [Signature]

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: John Mellone

Address: 10 Montgomery Ave

City: Somerville State: Ma Zip: 02145 Phone #: 617 767 9382

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with <u>0</u> employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other <u>push Cart (Slush)</u> |

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: John Mellone Date: 4-18-12

Print Name: John Mellone

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

City or Town: _____ Permit/License #: _____

	<input type="checkbox"/> Board of Health
	<input type="checkbox"/> Building Department
	<input type="checkbox"/> City/Town Clerk
	<input type="checkbox"/> Licensing Board
	<input type="checkbox"/> Selectmen's Office
	<input type="checkbox"/> Other _____

Contact Person: _____ Phone #: _____