

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee <u>\$150</u>	2015 MAY 29	A 10: 50	FOR CITY CLERK'S OFFICE ONLY
Date <u>03/25/15</u>	CITY CLERK'S OFFICE	Date Recorded <u>5/29/15</u>	Amount Paid <u>\$150-</u>
SOMERVILLE, MA			

- ☒ New Application
☐ Renewing Application with Amendments or Changes
☐ Renewing Application with NO Amendments or Changes

Business (DBA) Name: DINO'S MARKET Phone: 781-254-1439
Applicant's Federal Employer Identification Number: 47-3521035
Applicant's Legal Name: DINO'S MARKET LLC
Applicant's Address (with Zip Code): 27 EVERETT AVE, SOMERVILLE, 02145
Mailing Name (where we should send correspondence to): 27 EVERETT AVE
Mailing Address (with Zip Code): SOMERVILLE, MA 02145
Emergency Contact: HIRUT MULUGETA Phone: 781-588-5797

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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: DINO'S MARKET

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

SOLOMON MEZGEBU 100%

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

Mass. Hawkers and Peddlers License Number (Attach a copy) 120 776 A

Description of the proposed foods to vend (attach menu) _____

No food

Description of the proposed truck or cart with dimensions (attach 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be rescinded)**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): <u>8 AM to 8 PM.</u> <u>SUNDAY - SATURDAY</u>	<u>Grand Union St</u> <u>L8 or L9</u> <u>providing meter is based on paid for</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: <u>[Signature]</u>
<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: _____

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: Solomon Mezger Date: 04/15/15
Print Name: SOLOMON MEZGER Phone: 781-254-1439

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: Solomon Mezger Date: 04/15/15
Print Name: SOLOMON MEZGER Phone: 781-254-1439

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 5/28/15

Conditions _____

Signature [Signature] Print Name Ben Lapham

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 5/28/15

Conditions _____

Signature L.R. MacLaughlan Print Name LT ROBERT MACLAUGHLAN

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

Solomon Mezebu

Date

05/29/15

Print Name:

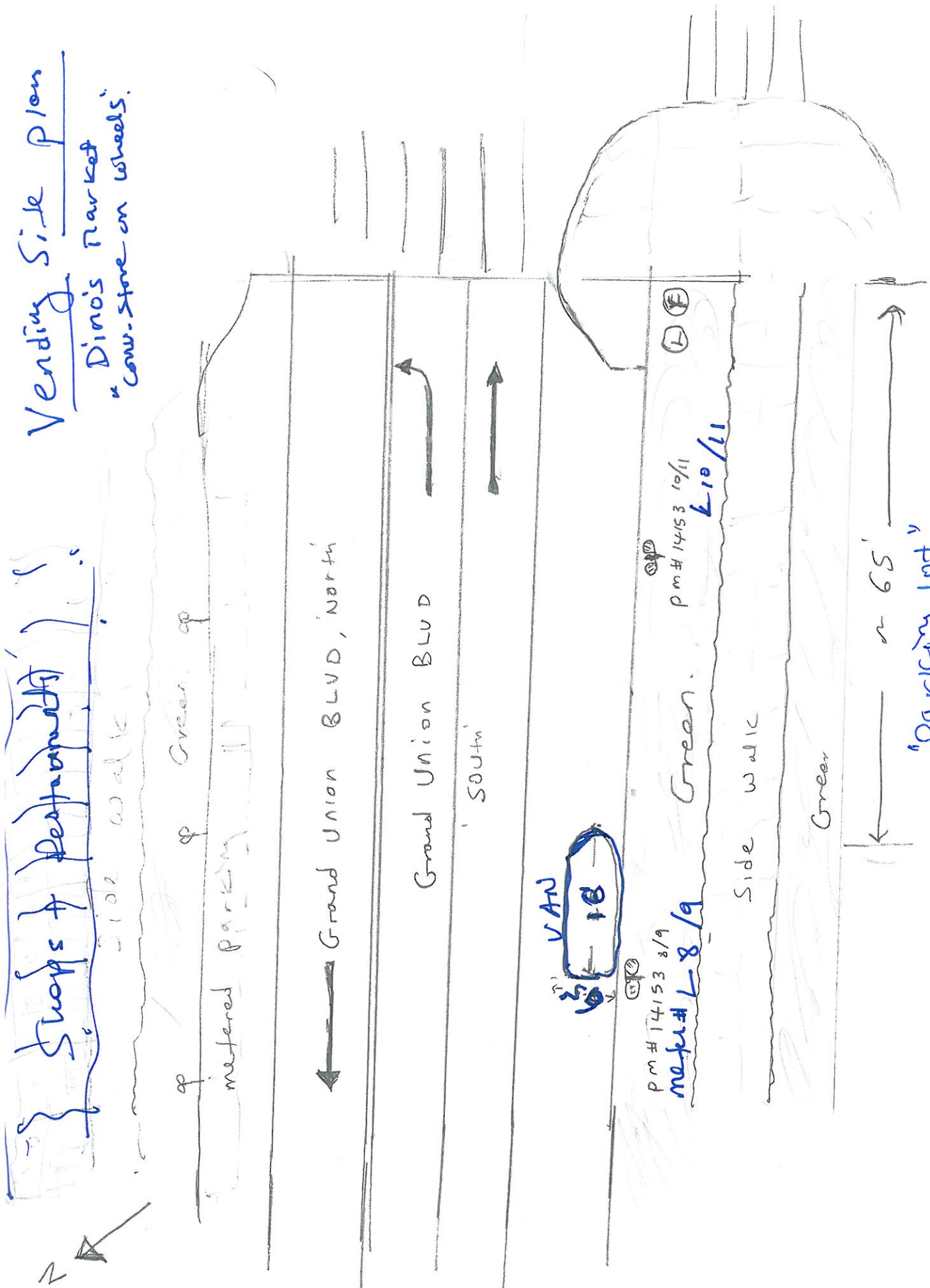
SOLOMON MEZEBU

Phone:

781-254-1439

Shops + Restaurants

Vending Site Plan
Dino's Market
"Conv-store on wheels"



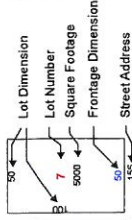
"parking lot"
Assembly Square
marked place

1" = 1'



Assessors Map

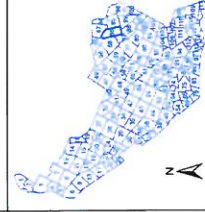
- Parcel Boundary
- Block/ROW Boundary
- Other ROW Boundary
- Assessor Map Boundary
- Water Body
- Building
- Railroad ROW



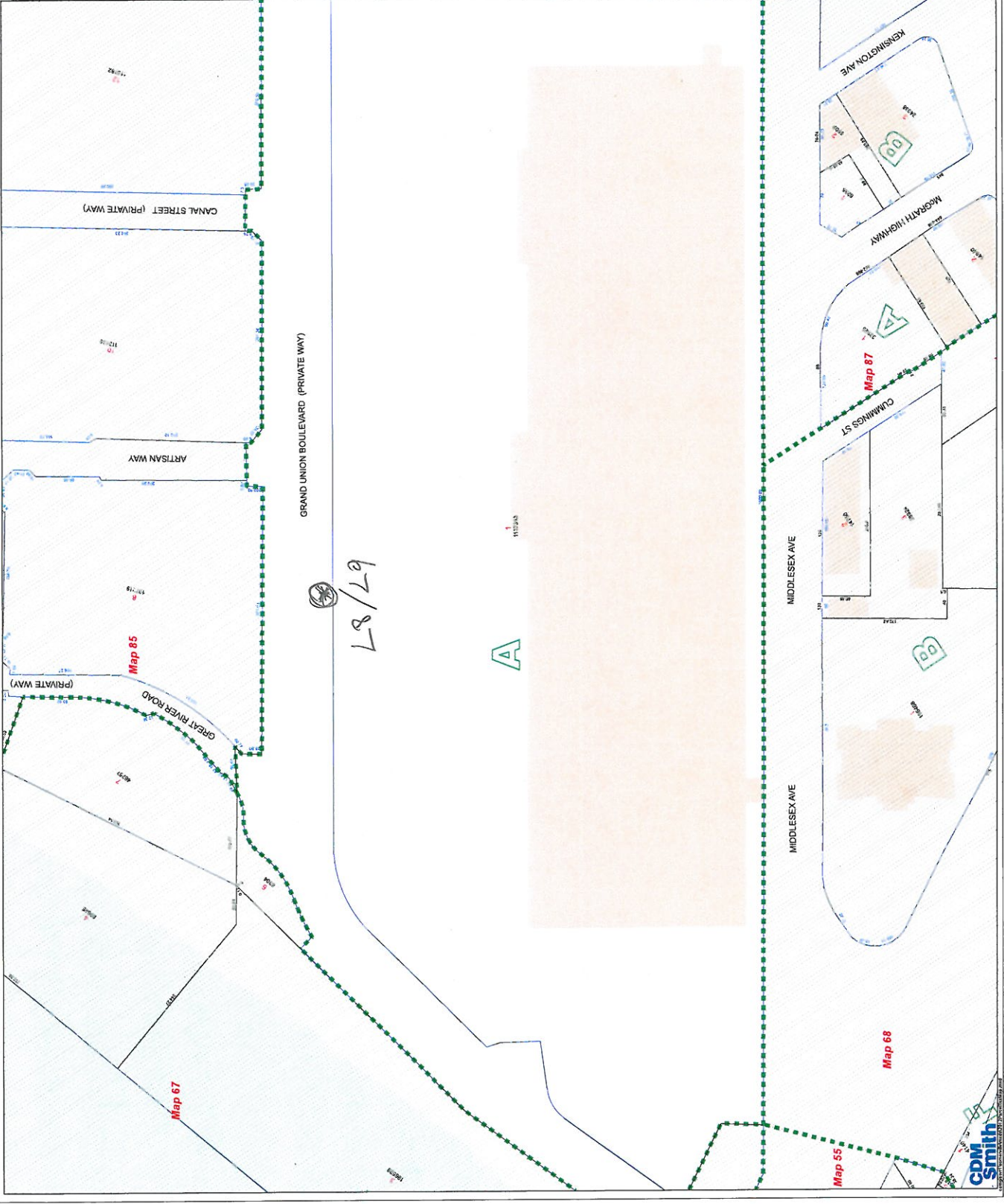
July 1, 2012

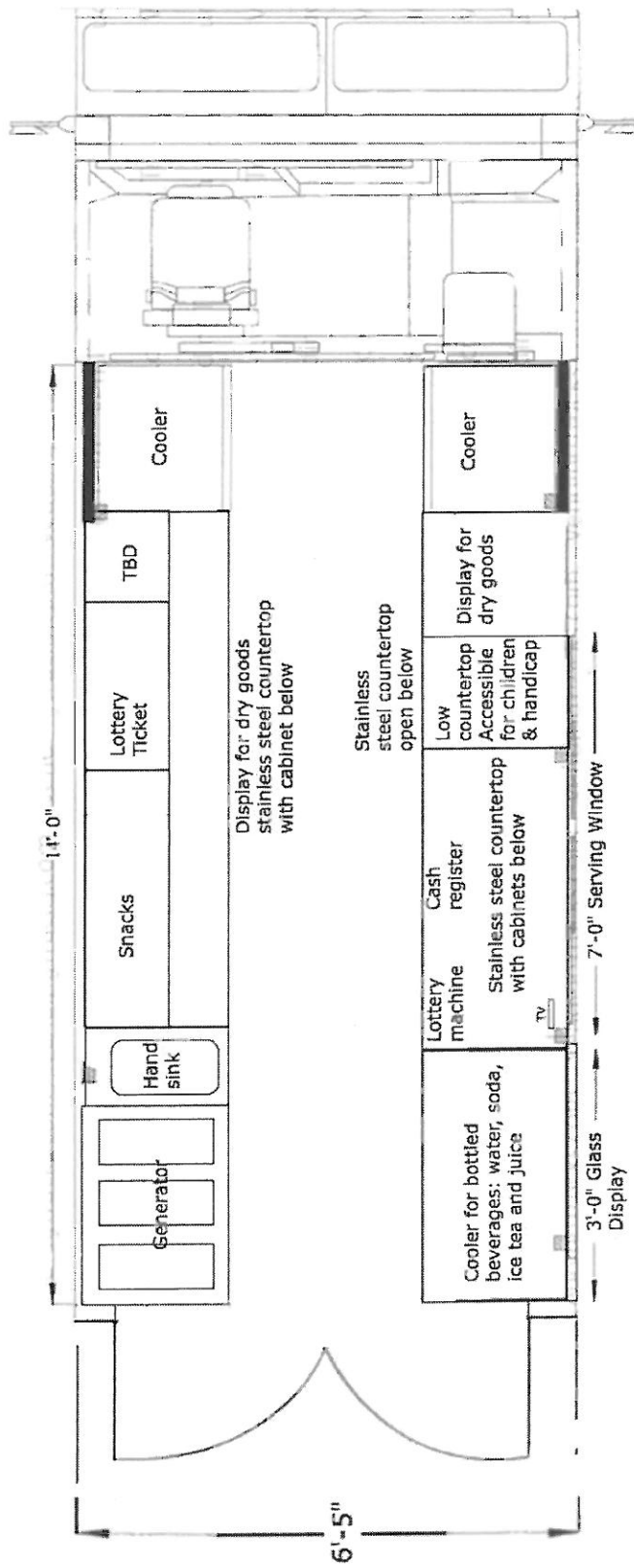
Source: Right-of-way and building footprints were originally developed from Boston Edison Company data 1999 and have been updated to reflect changes in the city of Somerville. The data was developed from historical maps by CPM Smith, Inc. and is not intended to be used for legal purposes.

NOTE: The data represented on these maps indicate distances and detailed locations of locations and features in the City of Somerville. The data is not intended to be used for legal purposes and is not a substitute for a survey.



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Dinos Market
"Convenient Store on Wheels"



Proposed site: Grand Union Blvd.

'Dino's Market'
"Convenient Store on Wheels"



Proposed site: Grand Union Blvd

SPECIAL STATE LICENSE
Hawker or Pedler

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

No 120776 A

Fee: \$60.00
Display \$2.00

Licensee: Solomon Mezgebu
27 Everett Ave
Somerville, MA 02145

The Commonwealth of Massachusetts

DIVISION OF STANDARDS
ONE ASHBURTON PLACE, BOSTON



Expires:4-8-16.....

Date of Birth: ..12-31-63.....

Date4-9-15.....

*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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: DINO'S MARKET

Address of taxpayer/applicant's business in Somerville: 27 EVERETT AVE

Address of taxpayer/applicant's home in Somerville: Same.

Taxpayer/applicant's phone: 781-254-1439 email: Solomon.Mezgebu@gmail.com

I, (print name) SOLOMON MEZGEBU, 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 28th day of May, 20 15. Solomon Mezgebu
(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: _____

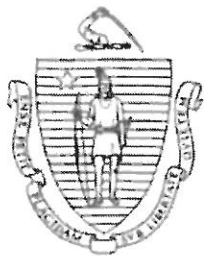
5215 # 117010001 # _____ # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
Barney
5-28-15



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: DINO'S MARKET

Address: 27 EVERETT AVE

City/State/Zip: SOMERVILLE, MA 02145 Phone #: 781-254-1439

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: N/A

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 05/25/15

Phone #: 781-254-1439

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____