



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Mobile Food Vendor License

TENOCH MEXICAN FOOD CORP.
24 RIVERSIDE AVENUE
MEDFORD MA 02155

License #: BL15-001116
File #: 15-884
Fee: 150

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: TENOCH MEXICAN FOOD CORP. Business Location: 0 OUT OF AREA Business Phone: 781-395-2221	
License Holder: TENOCH MEXICAN FOOD CORP. 24 RIVERSIDE AVENUE MEDFORD MA 02155	
Mailing Address: TENOCH MEXICAN FOOD CORP. 24 RIVERSIDE AVENUE MEDFORD MA 02155	
Business Type: Corporation ALVARO SANDOVAL ALVARO SANDOVAL ALVARO SANDOVAL	
FID: 452848814	
Emergency Contact: ALVARO SANDOVAL Phone: 617-669-8638	
Do you want to operate at Tufts (College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval)? No Describe your days, dates, and hours of operation: Do you want to operate at Magoun Sq. (South side of Broadway east of Cedar St. adjacent to Trum Field)? No Describe your days, dates, and hours of operation: Do you want to operate at City Hall/High School Concourse in front of High School)? No Describe your days, dates, and hours of operation: Do you have a location you would like to propose? Yes Describe your location: Not yet provided. Describe your days, dates, and hours of operation: MO-SA 4PM - 9PM Do you have a 2nd location you would like to propose? No Describe your location: Describe your days, dates, and hours of operation:	Yes; MO-SA 4pm - 9pm

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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.

1. 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
Fellsway
Fellsway West
Foss Park
Lombardi Way
McGrath Highway
Mystic River shoreline Mystic
Valley Parkway
2. 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.
3. The Applicant shall not operate between the hours of 9:00 PM and 8:00 AM, unless explicitly requested and authorized by this license.
4. The Applicant shall operate at the locations and times described and approved in this application.
5. The Applicant shall not use styrofoam products.
6. 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.
7. 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
8. 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.
9. 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.
10. 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.
11. The applicant shall not park in such a manner so as to create a traffic hazard.
12. Sales by licensee shall be made on the curbside only and the vehicle shall be parked within 1 foot of the curb.
13. The Applicant shall not sell, lend, lease, or in any manner transfer this license.
14. The Applicant shall post this License conspicuously in a place visible to all customers.
15. The Applicant shall set out a trash and recycling receptacle for the use of the public while at a vending site.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: 3/24/15

Printed Name: Alvaro Sandoval Phone: 617-669-8638

**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: Tenoch Mexican

Address: 24 Riverside Ave. Medford MA

City: Medford State: MA Zip: 02159 Phone #: 781-395-2221 / 617-669-8638

- | | |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input checked="" 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 _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Mackintire Insurance

Address: 11 West Main St.

City: Westborough State: MA Zip: 01581 Phone #: 508-366-2690

Policy #: 7956839 Expiration Date: 3/15/2016

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: 3/24/15

Print Name: Alvaro Sandoval

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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____