

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$150

Date 10 / 17 / 13

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

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

Business (DBA) Name: BON ME Foods Phone: 617-945-2615

Applicant's Federal Employer Identification Number: 27-4472027

Applicant's Legal Name: Patrick Lynch

Applicant's Address (with Zip Code): 49 Sacramento St. Cambridge MA 02138

Mailing Name (where we should send correspondence to): Teagan Lettmann

Mailing Address (with Zip Code): one Kendall Square, ~~Cambridge~~ Suite B3105, Cambridge MA 02139

Emergency Contact: Teagan Lettmann Phone: 617-475-0603

Type of Business (Check Only One and Provide the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____	
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership: _____	
Names of All Partners Who Own More Than 10%: _____	

<input type="checkbox"/> Trust: Name of Trust: _____	
Names of All Trustees Who Own More Than 10%: _____	

<input type="checkbox"/> Corporation: Name of Corporation: _____	
Name of President: _____	
Name of Secretary: _____ Name of Treasurer: _____	
<input checked="" type="checkbox"/> LLC: Name of LLC: <u>BON ME FOODS LLC</u>	
Names of All Managers: <u>Patrick Lynch, ALISON FONG, Justin Fong,</u>	
<u>Asta Gorman, Christine Chen</u>	
<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)	

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

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

~~fast~~ quick serve vietname-inspired entrees & sides

Description of the proposed truck or cart with dimensions (attach photo) _____

8' x 25' (10' high), serve window 8' long
Motorized commercial truck

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 (You must be on-site at these times or your license may be rescinded)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:

<p><u>Tufts Campus</u>: College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Davis Square</u>: 1st legal parking space west of the MBTA Red Line station on the south side of Holland St.</p>	<p>Weekday evenings M-F 5-8] [Sat/sun 11-6]</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Union Square</u>: Parking Lot space(s) in front of Precinct and Independent, adjacent to the pedestrian mall.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Magoun Square</u>: South side of Broadway east of Cedar St. adjacent to Trum Field.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>City Hall</u>: Concourse in front of High School.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Other Location</u> (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Other Location</u> (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</p>
<p><u>Other Location</u> (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P:</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: [Signature] Date: 6/17/13
Print Name: Teagan Lettmann Phone: 617.475.0603

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: [Signature] Date: 6/17/13
Print Name: Teagan Lettmann Phone: 617.475.0603

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 _____
Conditions _____
Signature _____ Print Name _____

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 _____
Conditions _____
Signature _____ Print Name _____

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 _____

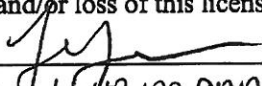
OTHER CONDITIONS

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  Date 6/17/13
Print Name: Teagan Lettmann Phone: 617 457 0603

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: Patrick Lynch
 Address: One Kendaall Sq. Suite 133105
 City: Cambridge State: MA Zip: 02139 Phone #: 617-945-2615

- I am an employer with 50 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: Liberty Mutual Fire Insurance
 Address: PO Box 9102 Weston MA
 City: Weston State: MA Zip: 02493-9102 Phone #: 1-800-762-5076
 Policy #: WC2-315-381388 Expiration Date: 04-01-2014

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: Dec 17 2013
 Print Name: Teagan Lehmann

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 _____