



CITY OF SOMERVILLE, MASSACHUSETTS
BOARD OF ALDERMEN

Docket # 199070

License/Permit
Mobile Food Vendor - Renewing

Regular Meeting, April 23, 2015
Item ID 11673

SUMMARY: Amending Mobile Food Vendor License, Wizard Catering, adding Grand Union Blvd at Artisan Way (Revolution Drive at Home Depot was previously approved).

COMPLETE TEXT:

See Attachment.

RESULT: ~~APPROVED WITH CONDITIONS~~

CONDITION: License is approved through October 31 only.

APPROVED WITH ~~CONDITIONS~~ BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE, MA, AT A REGULAR MEETING ON THE 23rd DAY OF APRIL, 2015.

ATTEST:

John J. Long, City Clerk



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

Docket #: 199070
License #: BL15-001139
File #: 15-004471

Mobile Food Vendor

Italian Wizard, Inc.
16 Sturtevant St.
Somerville MA 02145

License Expires: 10/31/2015

This is to certify that **Italian Wizard, Inc., dba Wizard Catering**, has been granted a /an **Mobile Food Vendor** license in the City of Somerville, ONLY at the following address:

This license is issued subject to the provisions of the General Laws of the Commonwealth, all ordinances of the City, and all regulations or conditions of the BOARD OF ALDERMEN, including but not limited to any specific conditions listed below.

License Information:

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: Revolution Drive at Home Depot

Describe your days, dates, and hours of operation: Monday-Friday: 11 AM - 5 PM

Do you have a 2nd location you would like to propose?: Yes

Describe your location: Grand Union Boulevard at Artisan Way

Describe your days, dates, and hours of operation: Saturdays, Sundays, Holidays: 10 AM - 7 PM

License approved through 10/31/15 only.

Attest for the BOARD OF ALDERMEN:

This license is NOT Transferable, and no changes may be made to this license without the approval of the BOARD OF ALDERMEN.



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BOARD OF ALDERMEN

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John J. Long, City Clerk

2014 OCT 12 5:58

CITY CLERK'S OFFICE

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

2014 OCT -6 A 9:02

Nonrefundable Application Fee \$150

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/6/14</u>
Amount Paid	<u>\$150 + \$75</u>

CITY CLERK'S OFFICE
SUMMERVILLE, MA

Date 4/23/15

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

Business (DBA) Name: Wizard Catering Phone: 781-363-2333

Applicant's Federal Employer Identification Number: SS# 034-50-8987 MDOR# 452-579-228

Applicant's Legal Name: Domenic C. Catino d/b/a Wizard Catering

Applicant's Address (with Zip Code): 20 Indian Rock Drive, Saugus, MA 01906

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Lisa Catino Phone: 781-632-9811

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: Domenic C. Catino d/b/a Wizard Catering

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: _____

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

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

Mass. Hawkers and Peddlers License Number (Attach a copy) No. 120297A

Description of the proposed foods to vend (attach menu) see Menu attached

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

Wells Cargo 12' x 8' food concession trailer (see 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>SAT, SUN, Holiday Monday</u> <u>10 AM - 7 PM</u>	<u>Grand Union Blvd at Artisan Way</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: <u>Slubert</u>
<u>Other Location</u> (attach Vending Site Plan): <u>Monday - Friday 11 AM - 5 PM</u>	<u>Revolution Drive at Home Depot</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: <u>Silvestri</u>
<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: Domenic C. Catino Date: October 6, 2014

Print Name: Domenic C. Catino d/b/a Phone: 781-363-2333

Wizard Catering

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: Domenic C. Catino Date: October 6, 2014

Print Name: Domenic C. Catino Phone: 781-363-2333

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 10/6/14

Conditions —

Signature BENJAMIN LIPHAM/JL Print Name _____

Dom to obtain signature

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 10/6/14

Conditions _____

Signature CAPT. Silva Print Name Kenneth Silva

Dom to obtain signature

POLICE DEPARTMENT (Required for ALL Ice Cream Vendors).

N/A

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 Domenic C. Catino Date October 6, 2014
Print Name: Domenic C. Catino Phone: 781-363-2333



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Domenic C. Catino d/b/a Wizard Catering
Address of taxpayer/applicant's business in Somerville: N/A mobile food vendor Revolution Way,
Somerville, MA and
Address of taxpayer/applicant's home in Somerville: N/A Assembly Row,
Somerville, MA
Taxpayer/applicant's phone: 781-363-2333 email: dcatino@comcast.net

I, (print name) Domenic C. Catino, 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 6th day of October, 2014. Domenic C. Catino
(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: _____
N/A # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:

10/6/14

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: Domenic C. Catino d/b/a Wizard Catering

Address: 20 Indian Rock Drive

City: Saugus State: MA Zip: 01906 Phone #: 781-233-3440

- I am an employer with 0 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 mobile food vendor

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: Domenic C. Catino Date: October 6, 2014

Print Name: Domenic C. Catino d/b/a Wizard Catering

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 _____



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MENU

ITALIAN WIZARD

Sausage w/grilled onions and peppers

Grilled Teriyaki Chicken w/grilled onions and peppers

Steak n Cheese (extra lean shaved steak)

Super Long Hot Dog (Old Neighborhood)

Chili Dog w/cheese

Colossal All Beef Hot Dog

Grilled Cheese on extra thick Sour Dough bread

Meatball w/provolone cheese

Gatorade, water, Pepsi, Coke (bottled and/or canned)

SPECIAL STATE LICENSE

Hawker or Pedler

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

No 120297 **A**

Fee: \$60.00
Display \$2.00

Licensee: DOMENIC CATINO
20 INDIAN ROCK DRIVE
SAUGUS, MA 01906

The Commonwealth of Massachusetts
DIVISION OF STANDARDS
ONE ASHBURTON PLACE, BOSTON



Expires:10/01/15.....

Date of Birth:04/07/62.....

Date 10/02/14

*Above portion must be worn in a visible
and conspicuous manner on outer clothing.*

It is 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

Domenic Catino
Signature of Licensee

THIS LICENSE IS NOT TRANSFERABLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tarpey Insurance Group 38 Main St PO Box 990 Saugus MA 01906-0304	CONTACT NAME: Stephen Tarpey, CPCU, CIC, VP	
	PHONE (A/C, No, Ext): (781) 233-9050 FAX (A/C, No): (781) 231-8151 E-MAIL ADDRESS: steve@tarpeyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Sentinel Insurance Company	11000
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 14-15 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			08SEMP0912	6/10/2014	6/10/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance Additional insured: City of Somerville

CERTIFICATE HOLDER City of Somerville 93 Highland Avenue Somerville, MA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Rebecca Berube/REBECC