

SELLING XMAS TREES

APPLICATION FOR AN OPEN AIR VENDOR LICENSE

Application Fee \$150.00

2011 OCT 12

P 1. FOR CITY CLERK'S OFFICE ONLY

Date 10/3/11

Date Recorded 10/12/11

Amount Paid \$150-

CITY CLERK'S OFFICE
SOMERVILLE, MA

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: Agassiz Preschool, Inc Phone: (617) 627-9355

Business DBA Name (if applicable):

Address with Zip Code: 184 Summer St. Somerville 02143

Tax Identification Number: 042-493-531 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): 184 Summer St.

Address with Zip Code: Somerville MA 02143

Property Owner Name: Director Tracey Kaplan Phone: (617) 627-9355

Address with Zip Code: 52 1/2 Florence St. Somerville 02145

Emergency Contact 1: Ben Anshai Phone: (617) 877-3953

Emergency Contact 2: Stephen Licht Phone: (617) 970-4231

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Paul Hochman

Address with Zip Code: 52 Winslow Ave. Somerville MA 02144

Partner's/Member's/Secretary's Name: Kate Taylor

Address with Zip Code: 19 Hollis St. Cambridge MA 02140

Partner's/Member's/Treasurer's Name: Peter Kechansky

Address with Zip Code: 18 Burnside Ave. Somerville MA 02144

Detailed description of the wares to be sold Christmas trees, wreaths
& stands - to raise funds for tuition scholarships.

Expected dates and hours of operation Dec. 2 to 21: Fri. 5pm to 7pm;
Sat. 9am to 6pm; Sun. 12pm to 5pm

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

Attach a list of the names and addresses of all employees who will be working under this license.

Our entire parent body - 40 families
Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in
front of which the business will be located. It is on the grounds of our
own building

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 Open Air Vendors could subject me to arrest, fine, and/or loss of this license.

Signature of Applicant JKaplan Date 10/3/11

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 JKaplan Date 10/3/11

DEPARTMENTAL APPROVALS

SEALER OF WEIGHTS AND MEASURES (Required for ALL Open Air Vendors.)

I have inspected this open air vending business and any weighing and measuring devices that will be used by this vendor, and have found that they are satisfactory.

License # _____ Date _____

Conditions _____

Signature _____ Print Name _____

INSPECTIONAL SERVICES/HEALTH DIVISION (Required only for the sale of foods.)

I have inspected the equipment to be used by this Open Air Vendor 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 equipment to be used by this Open Air Vendor 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. The Applicant shall submit an updated list of the names and addresses of all employees who will be working under this license to the City Clerk, whenever new employees are hired.
3. Operation in the following streets and areas is prohibited:

Alewife Brook Parkway	Davis Square area	Medford Street
Belmont Park and adjacent street	(from a vehicle or other conveyance)	Mystic Avenue
Cedar Street	Fellsway West	Park Street
Central Street	Highland Avenue	Powder House Park area
College Avenue	McGrath Highway (300 feet on each side)	Prospect Hill Park area
Curtis Avenue	Mall Road	School Street
Dane Street		Summer Street

Somerville Avenue
(McGrath Highway
to Wilson Square)

Somerville Hospital
area
Temple Street

Union Square area
(from a vehicle or
other conveyance)

4. The Applicant shall not sell or offer for sale any goods, wares, or merchandise between the hours of 9:00 PM and 8:00 AM.
5. 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.
6. If the Applicant is an organization engaged in charitable work or a post of any incorporated veterans organization, no person under 16 years of age shall act as an agent of the Applicant.
7. 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

Kaplan

Date

10/3/11

Parent's name	Parent's Name
Miranda Balkin	Clio Stearns
Shelley Barandes	Jacob Barandes
Rebecca Didier	Brian Didier
Andrea Eldridge	Creighton Eldridge
Frank Martin	Isaura Verguicht
Sara James Mnookin	Seth Mnookin
Samantha Levine	Neil Segall
Mark Sullivan	Cristina Sullivan
Jane Wirsch	Eric Wirsch
Bianca Shagrin	Marc Abelson
Helen Brown	Mark Beckwith
Stephanie Hirsch	Joe Calzaretta
Marni Chanoff	Sasha Chanoff
Julie Carpineto	Phillipe Clemenceau
Eli Daniel	Rachel Woodruff
Michelle Apigian	John DiModica
Coral Frazer	Michael Frazer
Carrie Sheinberg	Paul Hochman
Kate Taylor	Oliver Kleinbub
Lauren Dias	Peter Kochansky
Merideth McNally	David McNally
Jennifer Wood	Brad Perriello
Kathryn Rosenberg	David Rosenberg
Monique Noelle	Ian Roth
Sonya Sheats	Benjamin Selman
Amy Thompson	Ben Avishai
Heather Thompson-Brenner	Daniel Brenner
Jed Lippard	Todd Zinn
Ravit Barak	Boaz Barak
Kristin Blum	Jeff Levine
Nimco Mahamud-Hassan	Alex De Waal
Bethany Ericson	Glenn McDonald
Alex Fitzsimmons	Sean Brann
Tracey Kaplan	
Margaret Hayden	Stephen Licht
Yuval Merhav	Rahela Zdunic
Kristin Little	Tore Olsen
Christina Fichera	Todd Parker
Sandra Sachs	Ivo Sachs
Samantha Levine	Neil Segall
Randi Soltysiak	Mark Soltysiak
Amber Turlentes	Steve Turlentes

John Long

From: Benjamin Avishai [ben.avishai@gmail.com]
Sent: Wednesday, October 05, 2011 4:12 PM
To: John Long
Cc: John Connolly; Tracey Kaplan
Subject: Open Air Vendor License
Attachments: 10-05-2011 02_53_58PM (1).pdf

Mr. Long,

Thanks for your voicemail last week about the Open Air Vendor License. Attached is our completed application form.

This application is for an annual Christmas Tree sale run by Agassiz Preschool, which recently moved to Somerville from Cambridge. It has been running this sale for many years, but this would be the first year in its new location. We're hoping that although the school is located on Summer St., that you can put it on the agenda for next Thursday's meeting to discuss possibilities. This sale is our only fundraiser and extremely important for our school.

Please don't hesitate to get in touch with me if anything is missing or if you have any questions.

My best,
Ben

--

Ben Avishai
(617) 877-3953

**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.

JKaplan

*Signature of Individual or Corporate Name (Mandatory)

Tracey J Kaplan (Director)

By: Corporate Officer (Mandatory, if a corporation)

042-493-531

**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: Agassiz Preschool, Inc.

Address of taxpayer/applicant's business in Somerville: 184 Summer St

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

Taxpayer/applicant's phone: day: (617) 627-9355 evening: —

I, (print name) Tracey Kaplan, 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 3rd day of October, 2011. JKaplan
(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: _____

13462020 # 231269001 No Acc # _____
14086

NOTES:

CLERK'S INITIALS: LQ

ORIGINAL STAMP:



RECEIVED
4-10-11-11

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: Agassiz Preschool, Inc.
Address: 184 Summer St.
City: Somerville State: MA Zip: 02143 Phone #: (617) 627-9355

- ☒ I am an employer with 6 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: Education

Workers' compensation insurance information (if applicable):

Insurance Company Name: Star Insurance Co
Address: PO Box 31130
City: Tampa State: FL Zip: 33631 Phone #: (407) 218-4225
Policy #: WC 0655690 Expiration Date: 10/6/2012

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: JKaplan Date: 10/3/11
Print Name: Tracey Kaplan

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 _____