

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$165.00

Date 10/24/16

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>10/24/16</u>
Amount Paid	<u>\$165.00</u>

2016 OCT 24 A 1:06
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Business (DBA) Name: Bus Stop Cafe Phone: 727-543-6495

Applicant's Federal Employer Identification Number: 001150299

Applicant's Legal Name: Morgan Quimby

Applicant's Address (with Zip Code): 31 Morrison Ave. Apt. 2, Somerville, MA, 02144

Mailing Name (where we should send correspondence to): Morgan Quimby

Mailing Address (with Zip Code): 31 Morrison Ave. Apt. 2, Somerville, MA, 02144

Emergency Contact: Megan Quimby Phone: 727-543-5637

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: MQ, LLC

Names of All Managers Who Own More Than 10%: Morgan Quimby

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

Mass. Hawkers and Peddlers License Number (Attach a copy) 122317A

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

drip coffee, espresso, and other specialty drinks

homemade cake donuts

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

Minotour, small school bus

Dimensions: 8'(w) x 25'(l) x 9'(h)

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 **(You must be on-site at these times or your license may be rescinded)**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</p> <p>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><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>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</p> <p>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</p> <p>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</p> <p>T&P: _____</p>
<p><u>Other Location</u> (attach Vending Site Plan): <u>Highland Rd. dead end off of Morrison Ave.</u></p>	<p><u>year-round, 7 days/week, 7am-7pm (weekdays), 8am-7pm (weekends) *</u></p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P: <u>[Signature]</u></p>
<p><u>Other Location</u> (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P: _____</p>
<p><u>Other Location</u> (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P: _____</p>

* Adjustments may be made based on weather conditions, demand, and potential future sites in Somerville

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: M Quimby Date: 10/24/16

Print Name: Morgan Quimby Phone: 727-543-6495

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: M Quimby Date: 10/24/16

Print Name: Morgan Quimby Phone: 727-543-6495

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 8/5/16

Conditions _____

Signature E. Collins Print Name Elise Collins

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 8/5/16

Conditions REQUIRES INSPECTION UPON PURCHASE OF VEHICLE

Signature R. MacLaughlan Print Name 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

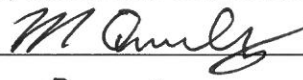
1. This license is required to operate anywhere within Somerville city limits, but it does not by itself give permission to operate in areas not under the City’s control, including private property and certain streets and areas owned by the state. The City may require evidence that the Applicant has 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  Date 10/24/14
Print Name: Morgan Quimby Phone: 727-543-6495

10/24/2016

To Whom It May Concern,

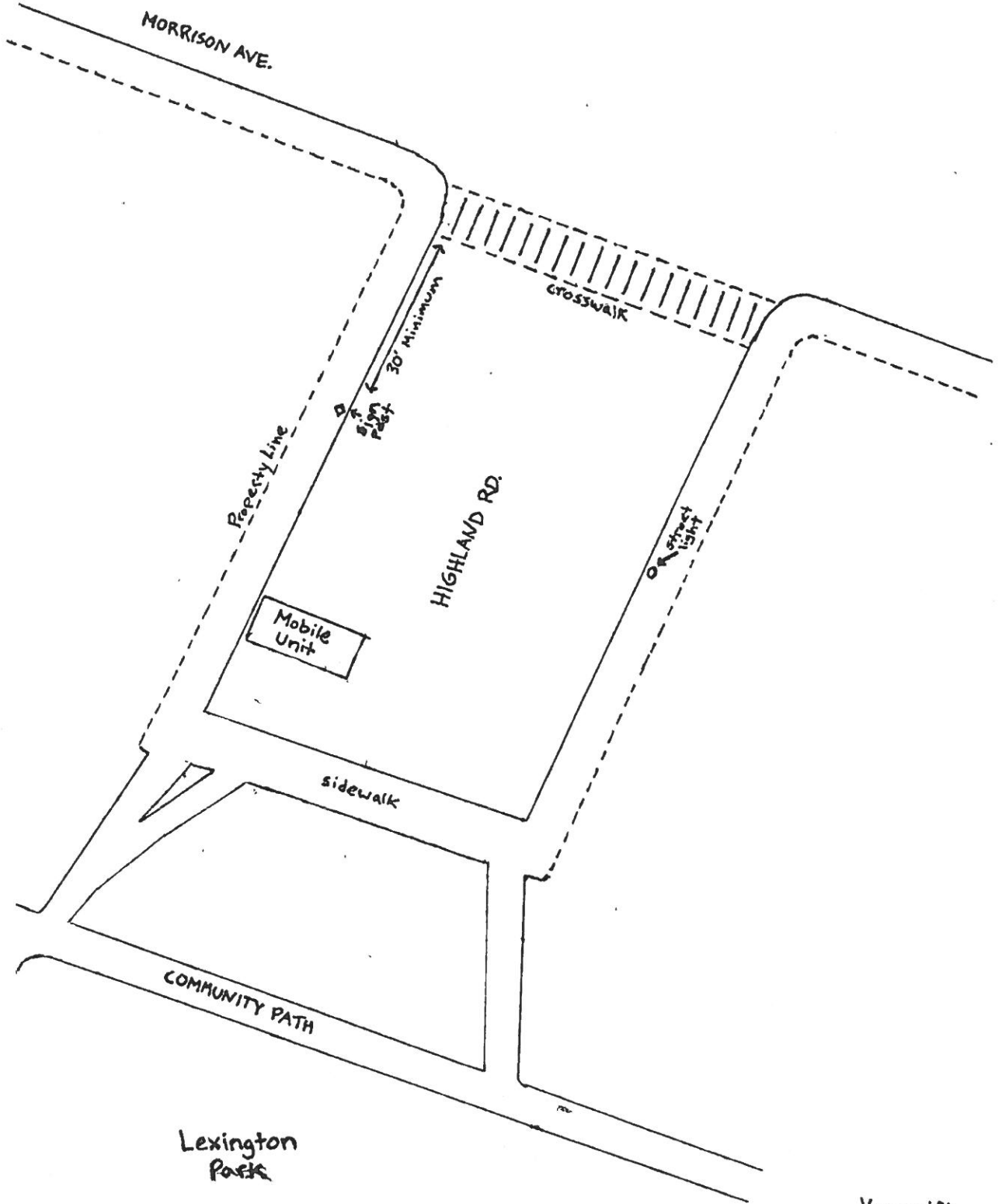
I, Morgan Quimby, am applying for a food truck license in Somerville, MA. The name of the mobile business will be called Bus Stop Cafe, and I intend on selling coffee and donuts in a Minotour school bus near the Community Path on Highland Road. I have been working in cafes and living in Somerville for over nine years and want to add to the community in the area. Customers will enjoy specialty items via their commute to work, during a leisure walk or bike ride, or while relaxing at the outdoor open space. Bus Stop Cafe will also hold events and focus on other ways to bring people together. It aims to create a new and innovative feel to mobile businesses. The details of the project are attached. Thank you for taking my application into consideration.

Best regards,

Morgan Quimby

A handwritten signature in black ink, appearing to read "M Quimby", written in a cursive style.

Vending Site Plan



Lexington
Park

1/10 cm = 1 ft

- The mobile unit will access the site via Morrison Ave.

SPECIAL STATE LICENSE
Hawker or Pedler

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

No 122317 A

Fee: \$60.00
Display \$2.00

Licensee: **MORGAN QUIMBY**
31 MORRISON AVE. APT. #2
SOMERVILLE, MA 02144

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



Expires:03/16/17.....

Date of Birth:07/14/84.....

Date03/17/16.....

*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

.....
Morgan Quimby
Signature of Licensee

Bus Stop Cafe Menu

Drinks

The Classics:

Drip Coffee
Pour Over
Iced Coffee/Cold Brew
Espresso
Cortado
Cappuccino
Latte
Americano
Au Lait
Mocha
Red Eye
Chai
Hot Chocolate

Specialty Drinks:

Coffee Soda
Honey Bee Latte
Salted Caramel Latte
Rooibos Latte
Dirty Mocha Chai
Pistachio Vanilla Latte
Turbo

Non-Coffee:

Hot Tea
Iced Tea
Lemonade
Flavored Lemonade
Flavored Iced Tea
Bottled water/soda

Food

Donuts:

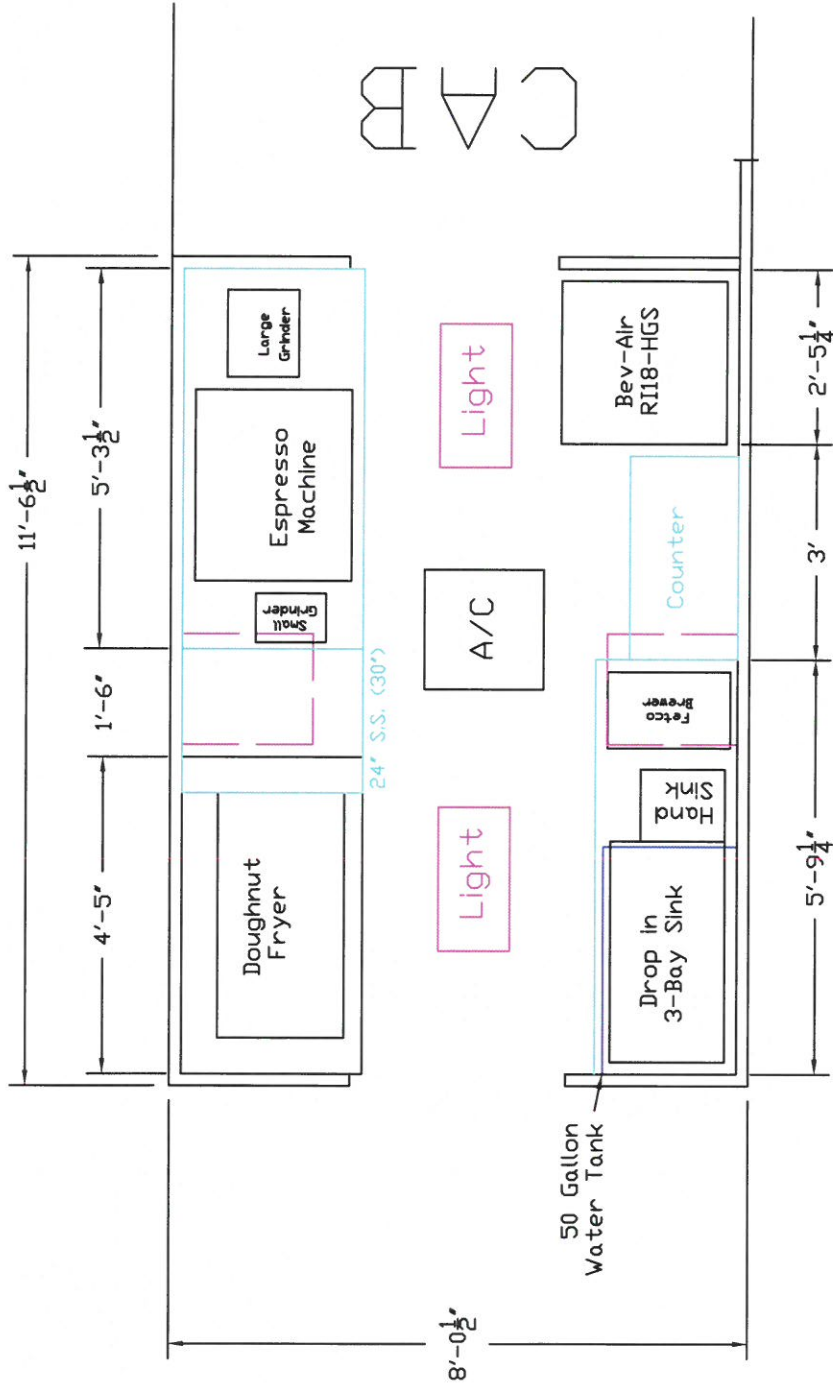
Single
Half Dozen
Dozen

Other:

chips, granola bars, fruit, etc.



Morgan Quinby Bus



Signature: _____
 Date: _____

THIS DOCUMENT CONTAINS CONFIDENTIAL AND PROPRIETARY INFORMATION THAT CANNOT BE REPRODUCED OR USED IN ANY MANNER FOR WHICH IT WAS NOT INTENDED, IN WHOLE OR IN PART, WITHOUT WRITTEN AUTHORIZATION FROM M&R SPECIALTY TRAILERS, AND TRUCKS INC.

- Potential layout depending on exact vehicle purchased

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: Morgan Quimby

Address: 31 Morrison Ave. Apt. 2

City: Somerville State: MA Zip: 02144 Phone #: 727-543-6495

- I am an employer with _____ employees (full and/or part time). **Business Type:** Retail
 I am a ~~sole proprietor or partnership~~ ^{LLC} 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: _____

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: M Quimby Date: 10/24/16

Print Name: Morgan Quimby

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 _____