

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$150

Date 1/12/15

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: Rhythm 'n Wraps Phone: 857-829-1090

Applicant's Federal Employer Identification Number: 46-2462344

Applicant's Legal Name: Aaron Cohen

Applicant's Address (with Zip Code): 145 Dudley St. Cambridge, Ma 02140

Mailing Name (where we should send correspondence to): Kitchen Inc.

Mailing Address (with Zip Code): 201 Somerville Ave, Somerville, Ma

Emergency Contact: Milton Kornfeld Phone: 617-823-4326

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>Aaron Cohen Sole MBR</u>
Names of All Managers Who Own More Than 10%: _____

<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) 119972
 Description of the proposed foods to vend (attach menu) Multicultural Vegetarian Food

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

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 **(You must be on-site at these times or your license may be rescinded)** Traffic & Parking Department Review: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>14 Tyler St.</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: _____
<u>Other Location</u> (attach Vending Site Plan):		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved T&P: _____
<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: Aaron Cohen Date: 11/2/15
Print Name: Aaron Cohen Phone: 857-829-1090

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: Aaron Cohen Date: 11/2/15
Print Name: Aaron Cohen Phone: 857-829-1090

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 11/3/15
Conditions Business has applied and is being reviewed for a mobile license
Signature [Signature] Print Name Benjamin Lipham

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 1/14/14
Conditions 14 TYLER ONLY until approved for citywide events
Signature [Signature] Print Name ROBERT MACLUCHLAN

John Long

From: Benjamin Lipham
Sent: Tuesday, February 03, 2015 8:39 AM
To: John Long
Subject: RE: Rhythm n Wraps

Hey John,

Thanks, I should have checked approved. You have my permission to amend the document to reflect that decision. The mistake will not be made again.

Benjamin Lipham
Senior Code Enforcement Officer
City of Somerville
1 Franey Rd.
617-625-6600 ex:4304

From: John Long
Sent: Sunday, February 01, 2015 5:05 PM
To: Benjamin Lipham
Subject: Rhythm n Wraps

Hi, Ben,
Did you mean to mark the Rhythm N Wraps application "Approved"?
The question is not intended to mean "Have they obtained the proper ISD licenses?"; rather, it's supposed to mean "It appears that they will obtain the proper ISD licenses."
-John

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 Aaron Cohen Date 11/2/15
Print Name: Aaron Cohen Phone: 857-829-1090

Rhythm 'n Wraps
Aaron Cohen
857 829 1090

2/1/15

Hello Mr. Long

My truck, Rhythm 'n Wraps would like to park at 14 Tyler St. Somerville, Ma. The location would be in the private parking lot outside of Aeronaut Brewery. We will park it 20ft away from the entrance and away from any other vehicles.

Thanks,
Aaron



Rhythm 'n Wraps



*Delicious, Exotic Vegetarian Dishes. Fresh
and Fast Global Grub!*

Professional chefs on board

DUDLEY SQUARE

Every Thursday between 11:00 AM and 3:00 PM

Let us cater your next event! Call in your order! (857) 829-1090

Like us on Facebook and Follow us on Twitter

Rhythm 'n Wraps Menu Delicious, exotic and healthy food!	
"OLD SCHOOL" Wrap: Vegan sausage with smokey BBQ mayo, caramelized onions, a cheddar/mozzarella blend, sage and tomato salad	6
CONSCIOUS" Wrap: Vegan sausage w/ hoison garlic sauce, greens tomato, half sour pickle, house-made goddess dressing	6
"WRAPPERS DELIGHT": Tempeh bacon, special sauce, romaine, and a fresh spicy tomato and pickle relish.	6
"FIRE" Wrap: Vegan sausage, with a smokey chipotle mayo, greens, Mexican cheese blend, and spicy guacamole	7
Chickpea and Veggie Curry with Rice	6
Drinks	
POLAND SPRING BOTTLED WATER	1
NATURAL SPARKLING WATER	2.50
Let us cater your next event! Call in your lunch order! (857) 829-1090	

SPECIAL STATE LICENSE

Hawker or Pedler

Take care of your license.

Lost license will not be replaced.

Fee: \$60.00

Display \$2.00

No 119972 **A**

Licensee:

**AARON COHEN
145 DUDLEY STREET
CAMBRIDGE, MA 02140**

The Commonwealth of Massachusetts

**DIVISION OF STANDARDS
ONE ASHBURTON PLACE, BOSTON**



Expires:07/02/15.....

Date of Birth:11/26/73.....

Date07/03/14.....

*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

THIS LICENSE IS NOT TRANSFERABLE

Signature of Licensee



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Aaron Cohen Rhythm 'n' Wags *

Address of taxpayer/applicant's business in Somerville: 201 Somerville Ave

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

Taxpayer/applicant's phone: ⁸⁵⁷ 829-1090 email: arcohen145@gmail.com

I, (print name) Aaron Cohen, 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 12 day of January, 20 15. Aaron Cohen
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

* NOT THE BUILDING OWNER. JJJ

DATE OF ISSUANCE: 2-5-15 INCLUDES RELEVANT POSTINGS THROUGH: _____


TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

- Real Estate Water/Sewer Personal Property Other: _____

13870 # 120026001 # _____ # MC Fee \$50.00

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP: 

**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: Aaron Cohen
 Address: 145 Dudley St.
 City: Cambridge State: Ma Zip: 02140 Phone #: 857 829-1090

- I am an employer with 2 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: Norfolk & Dedham
 Address: 22 Ames St.
 City: Dedham, Ma State: Ma Zip: 02027 Phone #: 1-877-262-5712
 Policy #: WF132842A Expiration Date: 12/11/15

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: Aaron Cohen Date: 1/12/15
 Print Name: Aaron Cohen

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 _____