



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Mobile Food Vendor License

TENOCH MEXICAN FOOD CORP.
24 RIVERSIDE AVENUE
MEDFORD MA 02155

License #: BL15-001116
File #: 15-884
Fee: 165

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: TENOCH MEXICAN Business Location: 0 OUT OF AREA Business Phone: 781-395-2221	
License Holder: TENOCH MEXICAN FOOD CORP. 24 RIVERSIDE AVENUE MEDFORD MA 02155	
Mailing Address: TENOCH MEXICAN FOOD CORP. 24 RIVERSIDE AVENUE MEDFORD MA 02155	
Business Type: Corporation ALVARO SANDOVAL ALVARO SANDOVAL ALVARO SANDOVAL	
FID: 452848814	
Emergency Contact: ALVARO SANDOVAL Phone: 617-669-8638	
Do you want to operate at Tufts (College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval)? Yes Describe your days, dates, and hours of operation: MO-SA 4PM - 9PM 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? No Describe your location: Describe your days, dates, and hours of operation: Do you have a 2nd location you would like to propose? : No Describe your location: Describe your days, dates, and hours of operation:	

SPECIAL STATE LICENSE

Hawker or Pedler

Take care of your license.

Lost license will not be replaced.

Fee: \$60.00

Display \$2.00

No **122215 A**

Licensee: Alvaro Sandoval
37 Alton St.
Arlington, MA 02474

The Commonwealth of Massachusetts

DIVISION OF STANDARDS

ONE ASHBURTON PLACE, BOSTON



Expires:3-17-17.....

Date of Birth:6-23-1977.....

Date3-18-16.....

*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

Signature of Licensee



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Tenoch Mexican

Address of taxpayer/applicant's business in Somerville: 382 Highland Ave
Somerville, MA 02144

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

Taxpayer/applicant's phone: day: 617-669-8638 evening: ~~781-3~~ 617-669-8638

I, (print name) Alvaro Sandoval, 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 15 day of
March, 2016. [Signature]
(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: _____

7477 # 316072001 # 591 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

Received
3-21-16

*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: Tenoch Mexican
Address: 382 Highland Ave
City: Somerville State: MA Zip: 02144 Phone #: 617-764-1906

- ☐ I am an employer with 3 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: Mackintire Insurance
Address: 11 West Main St.
City: Westborough State: MA Zip: 01581 Phone #: 508-366-6161
Policy #: 08WECE1595 Expiration Date: 3/15/2017

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: 3/21/16
Print Name: Alvaro Sandoval

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 _____