

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

1250

Application Fee \$150 & \$50 for each employee

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

Date May 3, 2011

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

2011 MAY - 6 A 8:45
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Applicant's Legal Name: Michael Dupuis Phone: 617-966-6678

Applicant's Address (with Zip Code): PO Box 207, Somerville, MA 02143

Applicant's Email Address: mike@mkingmusic.com

Applicant's Federal Employer Identification Number: 27-2782009

Business DBA Name (if applicable): Bark 'N Bite

Mailing Name (where we should send correspondence to): Bark 'N Bite

Mailing Address (with Zip Code): PO Box 207, Somerville, MA 02143

Emergency Contact: Martha Dupuis Phone: 617-365-3302

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Michael Dupuis

Address with Zip Code: PO Box 207 - Somerville, MA 02143

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

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Mass. Hawkers and Peddlers License Number (Attach a copy) #113327

Date of Issuance 6/13/10

Detailed description of the wares to be peddled See Attached Menu

Detailed description of the vehicle, cart or display to be used See Attached Picture

Detailed description of the location(s) to be used 2 Alpine St- Trum Field -
Somerville Ave - Washington Street - Buena Vista Rd. - *Highland ave*
Cedar Street

Detailed description of the dates and hours of operation 8AM - 12PM Daily

Detailed description of any municipal events (parades, block parties, etc.) to be attended Fireworks - Road races - Concerts - Ball Games and other city
public events

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

Lauren Dupuis-21**Lindsey Dupuis-18***Ron Digiulio-64** **Michael Dupuis-55*
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

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 Hawkers and Peddlers could subject me to arrest, fine, and/or loss of this license.

Signature of Applicant *Michael* Date 5/5/11

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 *Michael* Date 5/5/11

DEPARTMENTAL APPROVALS

SEALER OF WEIGHTS AND MEASURES (Required for ALL Hawkers and Peddlers.)

I have inspected the cart, vehicle or display, and any weighing and measuring devices that will be used by this Hawker and Peddler, and have found that they are operating properly.

License # _____ Date 5/4/11

Conditions No Devices being used

Signature Stephen G. Burgess Print Name Stephen G. Burgess

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

I have inspected the cart, vehicle or display to be used by this Hawker and Peddler and have found that it conforms to all laws set by the State and City with regard to health codes.

License # _____ Date May 5, 2011

Conditions Recent inspection - in compliance

Signature Margaret Lee Print Name Margaret Lee

FIRE PREVENTION BUREAU (Required only for the use of propane or other flammables.)

I have inspected the cart, vehicle or display to be used by this Hawker and Peddler and have found that it conforms to all laws set by the State and City with regard to fire codes.

License # _____ Date 5/5/11

Conditions EXTINGUISHER PRESENT WHEN COOKING/OPERATING

Signature LT R. MacLaughlin Print Name LT ROBERT MACLAUGHLIN

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. 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 before it issues this license.
3. The following streets and areas are owned by the state, and require state approval to operate, in addition to this license:

Alewife Brook Parkway	Draw 7 Park	McGrath Highway
Blessing of the Bay	Fellsway	Mystic River shoreline
Boathouse	Fellsway West	Mystic Valley Parkway
Community (Bike) Path	Foss Park	Shore Drive
Dilboey Field	Lombardi Way	

4. Operation in the following streets and areas is prohibited unless explicitly authorized by this license:

Davis Square area
Powder House Park
area

Prospect Hill Park area
Somerville Hospital
area

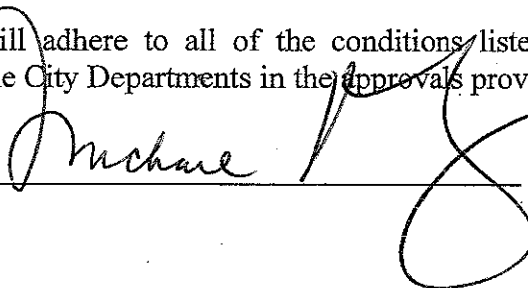
Union Square area

5. Operation at public events legally permitted by the City is prohibited unless explicitly requested and authorized by this license.
6. The Applicant shall submit an updated list of the names and ages of all employees who will be working under this license to the City Clerk, whenever new employees are hired.
7. The Applicant shall not cry his or her wares to the disturbance of the peace and comfort of the inhabitants of the City at any time, and shall not go uninvited to any residence for the purpose of attempting to sell or barter his or her wares.
8. 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.
9. The Applicant's cart, vehicle or display shall have plainly printed on each side thereof the name of the Applicant, and shall be kept in a neat and clean condition, and shall not leak.
10. For hawking and peddling at the Mystic View and/or the Mystic River Housing Developments, the Applicant shall not sell or offer for sale his or her wares between the hours of 8:00 PM and 12:00 Noon, and shall not operate at any location other than the parking lot of the Tenant Recreation Facility at 530 Mystic Avenue. The Applicant shall only enter and exit the area via the Memorial Road/Mystic Avenue intersection and shall proceed directly to and from the parking lot, and shall not enter, exit, or drive through any other locations in the Developments at any other time. The Applicant shall not interfere, by threats, intimidation or coercion, with the exercise of any other hawker/peddler's right to sell wares. Any hawker/peddler who violates these regulations shall be liable to a penalty of \$100 for each offense; each day a violation continues shall constitute a separate offense. Any hawker/peddler remaining on housing authority property in willful violation of these regulations may be arrested pursuant to MGL Chapter 272 Section 59 without a warrant by any officer authorized to serve criminal process in the place where the offense is committed and kept in custody until he or she can be taken before the Somerville District Court. Any hawker/peddler who violates these regulations may also be penalized by a noncriminal disposition as provided by MGL Chapter 40 Section 21D.
11. 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



Date

5/3/11

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/18/2010

PRODUCER
HUB Int'l New England (WILSB)
299 Ballardvale St
Wilmington, MA 01887

INSURED
Michael Dupuis d/b/a Bark n Bite
P.O. Box 207
Somerville, MA 02143

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Underwriters at Lloyds, London	
INSURER B: Liberty Mutual	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	BINDER1158709	06/10/2010	06/10/2011	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC131S378199010	06/11/2010	06/11/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
B		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$100,000
X		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$100,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Somerville is Additional Insured with Respects to General Liability coverage
 Sole Proprietor Michael Dupuis excluded from WCP coverage

CERTIFICATE HOLDER

City of Somerville
93 Highland Avenue
Somerville, MA 02143

CANCELLATION 10 Days for Non-Payment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Michael A. Chapman

BARK N BITE

HOT DOGS & SAUSAGE



Liberty Mutual Liability & Workmens Comp

Mass Vending License Number II3327

Serve Safe Certified Number 7I65859

Mike 617-966-2678 mike@mkingmusic.com

CHIPS/SALSA - HUMMUS

CHICKEN/TURKEY/BEEF/LAMB/SHRIMP/TOFU/VEGI KABOBS & TACOS

BEEF & TURKEY BURGERS-SAUSAGE- SHAVED STEAK- PORK RIBS

CHICKEN & TUNA SALAD SANDWICHES

SLOPPY JOES ON BAGELS

TABBUOLEH

GREEN SALADS

RICE - JICAMA - EGG PLANT

ASSORTED OLIVES ASSORTED CHEESES

ROASTED PEPPERS/ONIONS

SPINACH LASAGNA

GRILLED POTATOES

MACARONI & CHEESE

CHILI W/BEEF or CHICKEN

CHICKEN/BEEF/VEGETABLE SOUPS

BAGELS/CREAM CHEESE

SOFT DRINKS

LEMONADE - WATER - HOT CHOCOLATE - HOT CIDER

COFFEE/TEA W/ CREAM

SANDWICH ROLLUPS

BURRITOS

FAJITAS

GUACAMOLI

TABBOULEH

TACO SEASONINGS

CHILI POWDER

CUMIN

OPEN PIT

LETTUCE

CHIVES

TOMATOES

MAYO

STUFFED SHELLS - LASAGNA

SALSA & CHIPS FROM ChiliS Taqueria

WOODEN SKEWERS

MAD DOG HOTDOG

WRITING BOARD FOR SPECIALS

**SPECIAL STATE LICENSE
Hawker or Pedler**

No. 113327 **A**

Licenses: Michael Dupuis
72 Berkeley St.
Reading, MA 01867



JUN 13 2011

Expires:
Date of Birth: 9/20/1956

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

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

Fee: \$60.00
Display \$2.00

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

Date **JUN 14 2010** /

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.

[Handwritten Signature]
.....
Director of Standards

[Handwritten Signature]
.....
Signature of Licensee

THIS LICENSE IS NOT TRANSFERABLE



**CITY OF SOMERVILLE
MASSACHUSETTS**

12-02

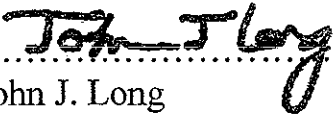
LICENSE FOR HAWKERS AND PEDDLERS

Bark 'N Bite has been granted permission to operate as a Hawker and Peddler in the City of Somerville this 23rd day of May, 2011, for the sale of hot dogs, sodas, chips and slush. This License expires April 30th, 2012.

This License is valid for the above-named Hawker and Peddler's employee: Michael Dupuis only.

This permission is granted subject to the provisions of the Laws of the Commonwealth, all ordinances or regulations of the Board of Aldermen relating hereto, and all conditions on the Application pertaining to Hawkers and Peddlers.

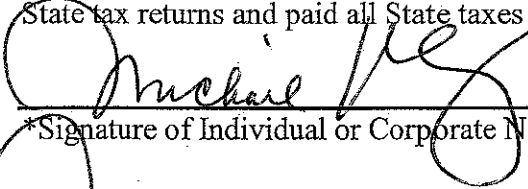
Attest:



John J. Long
City Clerk

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27-2782009

**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: Barkaloni Bite

Address of taxpayer/applicant's business in Somerville: PO Box 207 - Somerville - 02143

Address of taxpayer/applicant's home in Somerville: 2 Alpine Street - 02144

Taxpayer/applicant's phone: day: 617-625-8255 evening: 617-966-2678

I, (print name) Michael Dupuis, 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

May, 20 11

Michael Dupuis
(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: _____

04219034 # 22603011 # _____ # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
5-4-11

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: Michael Dupuis DBA Bark 'N Bite
Address: PO Box 207, Somerville, MA 02143
City: Somerville State: MA Zip: 02143 Phone #: 617-966-2678

- I am an employer with 1 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 Vending

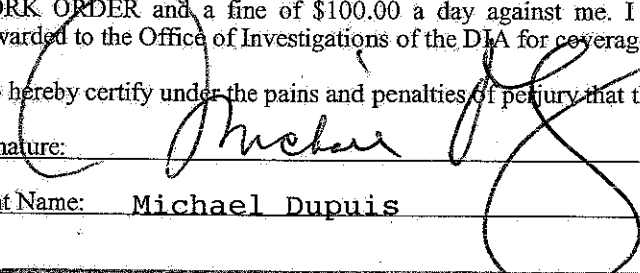
Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: PO Box 9090
City: Dover State: NH Zip: 03821-9090 Phone #: 800-653-7893
Policy #: WC1-31S-378199-010 Expiration Date: 6/10/11

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:  Date: 5/3/11
Print Name: Michael Dupuis

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