APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee $150

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	6/26/13
Amount Paid	$150

__ New Application

__/ Renewing Application with Amendments or Changes

__/ Renewing Application with NO Amendments or Changes

Business (DBA) Name: Moes BBQ Trolly Phone: 6175013901

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: Mary Stewart

Applicant's Address (with Zip Code): 32 Putnam Rd Somerville MA 02145

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Type of Business (Check Only One and Provide the Names Indicated):

__/ **Sole Proprietor**: Name of Owner: Mary Stewart

___ **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: _____

Names of All Managers: _____

_____

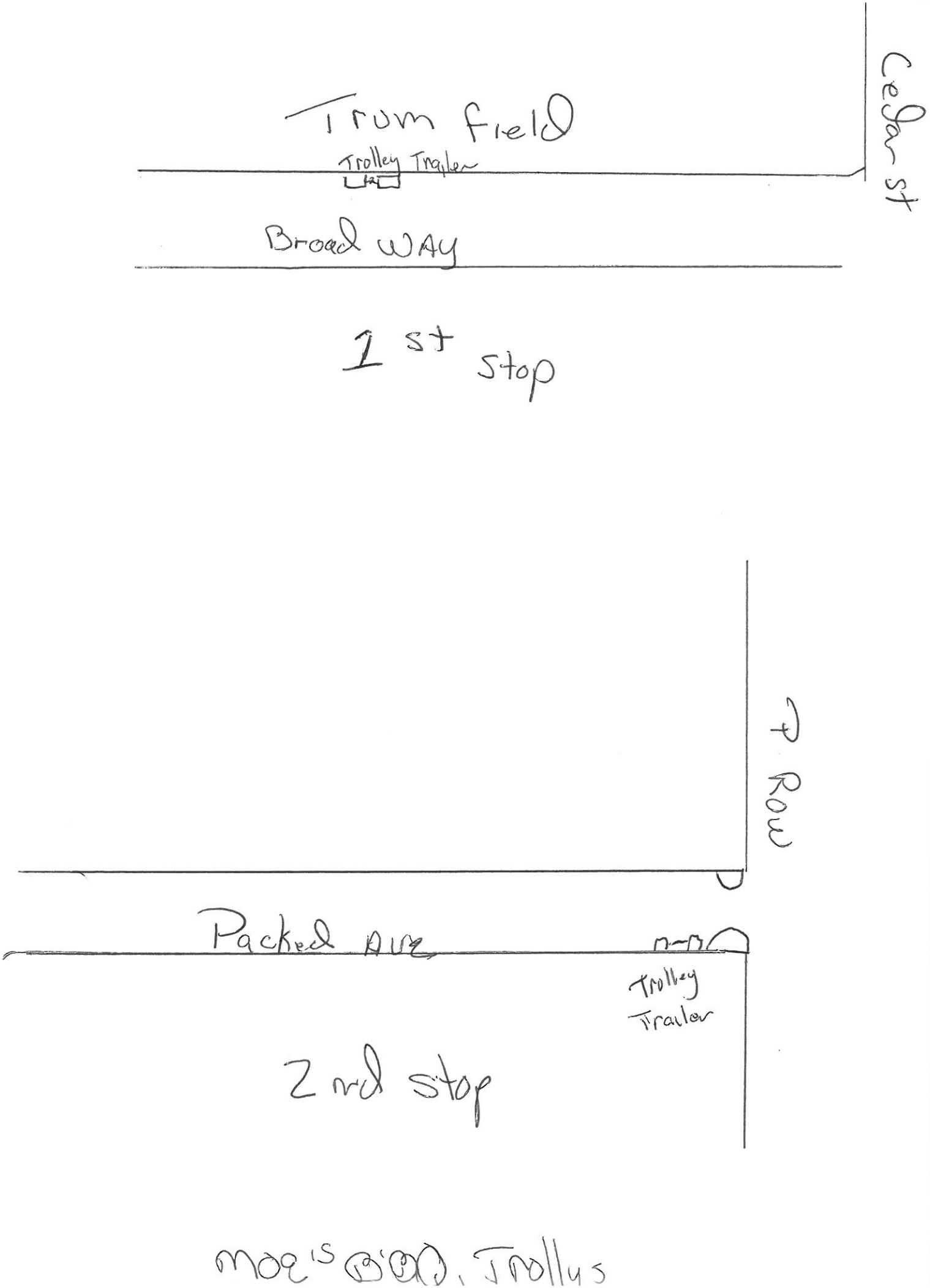
___ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

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

Description of the proposed foods to vend (attach menu) Hot dog- hamburger - Sausage - chicken - Kielbasa - meatballs

Description of the proposed truck or cart with dimensions (attach photo) 6X10 Trolly Trailer

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 **(You must be on-site at these times or your license may be rescinded)**	Traffic & Parking Department Review:
Tufts Campus: College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval.		__Approved __Not Approved T&P:
Davis Square: 1st legal parking space west of the MBTA Red Line station on the south side of Holland St.		__Approved __Not Approved T&P:
Union Square: Parking Lot space(s) in front of Precinct and Independent, adjacent to the pedestrian mall.		__Approved __Not Approved T&P:
Magoun Square: South side of Broadway east of Cedar St. adjacent to Trum Field.		__Approved __Not Approved T&P:
City Hall: Concourse in front of High School.		__Approved __Not Approved T&P:
Other Location (attach Vending Site Plan): Trump Field Broadway	Mon - Fri 11 - 4/8	✓Approved 6/26/13 __Not Approved T&P:
Other Location (attach Vending Site Plan): Tufts Univ Packard Ave	T - Sun late night	✓Approved 6/26/13 __Not Approved T&P:
Other Location (attach Vending Site Plan):		__Approved __Not Approved T&P:


Trum field
Trolley Trailer
Cedar st
Broad WAY
1st stop
T Row
Packed Ave
Trolley
Trailer
2nd stop
moe's BBQ, Trolleys

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: Mary Stewart Date: 6-11-13

Print Name: Mary Stewart Phone: 6179012901

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: Mary Stewart Date: 6-11-13

Print Name: Mary Stewart Phone: 6179012901

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_____

Conditions_____

Signature_____ Print Name_____

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_____

Conditions_____

Signature_____ Print Name_____

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 Mary Stewart Date 6-11-13

Print Name: Mary Stewart Phone: 6175012901

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mary Stewart - Moes BBQ Trolly

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

Address of taxpayer/applicant's home in Somerville: 32 Putnam Rd Somerville MA 02145

Taxpayer/applicant's phone: 617 501 2901 email: moesBBQtrolly2@gmail.com

I, (print name) Mary Stewart, 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 11 day of June, 2013. Mary Stewart
(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: ___

0830407 # 1362600 # _____ # _____

NOTES: 12715

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 6-12-13

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: Mary Stewart

Address: 32 Putnam Rd

City: Somerville State: MA Zip: 02145 Phone #: 6175012901

☐ I am an employer with _____ employees (full and/or part time).
☒ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Food Trolly

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: Mary Stewart Date: 6-11-13

Print Name: Mary Stewart

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ *Permit/License #:* _____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)