



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

**Application to Renew Mobile Food Vendor License**

**THE SCOOP N SCOOTERY LLC**  
**184 HARVARD STREET**  
**MEDFORD MA 02155**

**License #:** BL15-001091  
**File #:** 15-856  
**Fee:** 150

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)
<b>Business/DBA Name:</b> THE SCOOP N SCOOTERY LLC <b>Business Location:</b> 0 OUT OF AREA <b>Business Phone:</b> 224-567-9031	
<b>License Holder:</b> THE SCOOP N SCOOTERY LLC 184 HARVARD STREET MEDFORD MA 02155	
<b>Mailing Address:</b> THE SCOOP N SCOOTERY LLC 184 HARVARD STREET MEDFORD MA 02155	
<b>Business Type:</b> Corporation AUSTIN CRITTENDEN	
<b>FID:</b> 463569318	
<b>Emergency Contact:</b> JOHN CRITTENDEN <b>Phone:</b> 847-636-2998	Sean Sally 847-924-2201
<b>Do you want to operate at Tufts (College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval)?</b> <del>No</del>	Yes; Mon-Sat 9-12 Midnite; Sun 4- Midnite ✓
<b>Describe your days, dates, and hours of operation:</b> <b>Do you want to operate at Magoun Sq. (South side of Broadway east of Cedar St. adjacent to Trum Field)?</b> <del>No</del>	Yes; Mon-Wed 4-9 pm, Th 12-3pm, Fri 6-9 pm, SA 3-9pm, SU 12-4pm ✓
<b>Describe your days, dates, and hours of operation:</b> <b>Do you want to operate at City Hall/High School Concourse in front of High School)?</b> <del>No</del>	Yes; Mon-Wed & Fri 12-4pm ✓
<b>Describe your days, dates, and hours of operation:</b> <b>Do you have a location you would like to propose?</b> Yes <b>Describe your location:</b> Not yet provided.	Union sq. Thu 3-9pm, Fri 4-6 pm, SAT 12-3pm ✓
<b>Describe your days, dates, and hours of operation:</b> MO-SU 12 NOON - 12 MIDNITE <b>Do you have a 2nd location you would like to propose?:</b> No <b>Describe your location:</b> <b>Describe your days, dates, and hours of operation:</b>	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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.
1. 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

Fellsway

Fellsway West

Foss Park

Lombardi Way

McGrath Highway

Mystic River shoreline Mystic

Valley Parkway

2. 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.
3. The Applicant shall not operate between the hours of 9:00 PM and 8:00 AM, unless explicitly requested and authorized by this license.
4. The Applicant shall operate at the locations and times described and approved in this application.
5. The Applicant shall not use styrofoam products.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. The applicant shall not park in such a manner so as to create a traffic hazard.
12. Sales by licensee shall be made on the curbside only and the vehicle shall be parked within 1 foot of the curb.
13. The Applicant shall not sell, lend, lease, or in any manner transfer this license.
14. The Applicant shall post this License conspicuously in a place visible to all customers.
15. The Applicant shall set out a trash and recycling receptacle for the use of the public while at a vending site.

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature:  Date: 3/31/15

Printed Name: Austin Crittenden Phone: 224-567-9031

*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: Austin Crittenden  
Address: 184 Harvard St. Medford MA  
City: Medford State: MA Zip: 02155 Phone #: 224-567-9031

- ☒ 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 food

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Travelers Insurance  
Address: One Tower Square  
City: Hartford State: CT Zip: 06183 Phone #:  
Policy #: IEUB-6067502-1-14 Expiration Date: 8/22/15

**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: Austin Crittenden Date: 3/31/15  
Print Name: Austin Crittenden

*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 \_\_\_\_\_



ONE TOWER SQUARE  
HARTFORD, CT 06183

**WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY**

TYPE V INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (IEUB-6D67502-1-14)

RENEWAL OF (IEUB-6D67502-1-13)

INSURER: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

NCCI CO CODE: 12637

1.

**INSURED:**

THE SCOOP N SCOOTERY LLC  
184 HARVARD ST  
MEDFORD MA 02155

**PRODUCER:**

TOTAL INS SERVICES INC  
3175 COMMERCIAL AVE  
NORTHBROOK IL 60062

Insured is A LIMITED LIABILITY COMPANY

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 10-01-14 to 10-01-15 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident:	\$	1000000	Each Accident
Bodily Injury by Disease:	\$	1000000	Policy Limit
Bodily Injury by Disease:	\$	1000000	Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN TX UT VA VT WI  
WV

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made **ANNUALLY**.

DATE OF ISSUE: 08-22-14 PS

OFFICE: ELMIRA NY SRV CTR 700

PRODUCER: TOTAL INS SERVICES INC

DIRECT BILL

XY530