

**APPLICATION FOR AN OPEN AIR VENDOR LICENSE**

Nonrefundable Application Fee \$165.00

Date 3-31-2016

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Business (DBA) Name: The Somerville Flea Phone: 617-875-8283

Business Location in Somerville (with Zip Code): Buena Vista Rd. and Holland St (Parking Lot)

Applicant's Federal Employer Identification Number: 45-2724047

Applicant's Legal Name: Gregory Ghazil

Mailing Name (where we should send correspondence to): The Somerville Flea

Mailing Address (with Zip Code): 1851 Mass Ave 4R Cambridge MA 02140

Emergency Contact: Gregory Ghazil Phone: 617 875-8283

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

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: Somerville Flea LLC.  
Names of All Partners Who Own More Than 10%: Gregory Ghazil

\_\_\_\_\_

**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: Somerville Flea  
Names of All Managers Who Own More Than 10%: Greg Ghazil

\_\_\_\_\_

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

Detailed description of the wares to be sold Vintage, Artisan, and Snack items

Expected dates and hours of operation Sundays 10-4pm June-Oct.

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

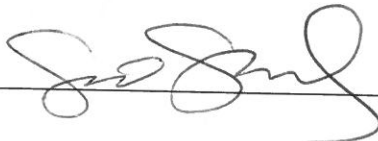
Attach a list of the names and ages of all employees who will be working under this license.

Attach written consent of the owner(s) and ground floor tenant(s) of the premises on which or in front of which the business will be located.

#### 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 Open Air Vendors could subject me to arrest, fine, and/or loss of this license. 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 Applicant

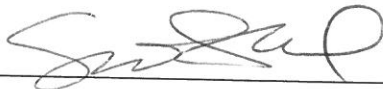


Date 3-31-16

#### 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



Date 3-31-16



CITY OF SOMERVILLE, MASSACHUSETTS  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
**CERTIFICATE OF GOOD STANDING**

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 52 Holland St AND/OR  
 TAXPAYER'S HOME ADDRESS: \_\_\_\_\_

TAXPAYER/APPLICANT PHONE: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ID NUMBER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

I (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
 \_\_\_\_\_ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 4-7-16

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID MA      \*\*WATER/SEWER ID MA      \*\*PERSONAL PROPERTY MA      \*\*OTHER MA

NOTES:  
 CLERKS INITIALS: JK

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP

**Received**  
4-7-16



# Employees of the Somerville Flea

1. Abigail Seaman 34 yrs
2. Peter Häder - ~~20~~ 19 yrs
3. Alex Bordenca - 19 yrs
4. Gregory Ghazil - 43 yrs

**PUBLIC EVENT PERMIT APPLICATION**  
**City of Somerville, Commonwealth of Massachusetts**  
**Application #: PEL16-000030**  
**File #: 15-003809**

**Organization name:** The Somerville Flea  
**Description:** Open-air market featuring vintage, artisan wares.  
**Date(s):** Sundays May 29th through Oct 16th  
**Setup starts at (time):** 7:30am  
**Cleanup after the event ends at (time):** 5:30pm

**Event name:** The Somerville Flea  
**Location:** City parking lot on the Corner of Holland St. and Buena Vista Dr.  
**Rain date(s):** N/A Dates will be rain or shine or cancelled  
**Event starts at (time):** 10:00am  
**Event ends at (time):** 4:00pm

**Attendees:**  
 Max attendance at one time: 75-80  
 Maximum attendees accommodated: 300

Total people attending: 500  
 Total Somerville residents attending: 75%

**Attendee fees or suggested donations:** Free Admission

**What is your budget for this event:**

**Social or cultural benefits:**  
 Fifth year of bringing the community and local sellers together in an outdoor setting

**Financial benefits:**  
 Brings hundreds of people to Davis Square

**City Contact:** I am not currently, but have in the past, Omar Boukilli

**Organization mailing address:**  
 The Somerville Flea  
 1851 Mass Ave. 4r  
 Cambridge MA 02140

**Contact person:**  
 Greg Ghazil  
 Telephone: 617-875-8283  
 Email: greg@thesomervilleflea.com

Event Information	Yes/No	If yes, Describe
Food served?	Yes	Browsing snacks. Coffee, ice cream, popsicles, baked goods
Alcohol served?	No	
Grill/open-flame device used?	No	
Streets blocked?	No	
Sidewalks blocked?	No	
<b>Arrangements:</b>		
Auxiliary Police?	No	
Police Detail:	No	
Parking (for Attendees)?	Yes	Remainder of unused parking spaces.
Restrooms?	No	
Liability Insurance?	Yes	Same as previous years in compliance with Somerville requirements
Will any public parks be used?	No	Same parking lot on Holland and Buena Vista
Has the event occurred in the last two years?	Yes	Sundays Late May through October
Alcohol License?	No	

**Approval Conditions:**  
**Reviewer:** Elise Collins, ISD Health, Approved with Conditions

1. All food and beverage vendors must apply for a Farmer's Market Permit with the Health Dept.

**Reviewer:** David Monte, Police, Approved

**Reviewer:** John J. Long, City Clerk,

**Reviewer:** Christine Morin, Public Works, Approved

**Reviewer:** John J. Long, City Clerk, Approved

**Reviewer:** CS Traffic and Parking, Traffic and Parking, Approved

**Reviewer:** CS Mayor, Mayor's Office, Approved

**Reviewer:** John J. Long, City Clerk, Complete

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