

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

Application Fee \$150 & \$100 for each employee

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>2-6-12</u>
Amount Paid	<u>\$150.00</u>

Date _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: The Tear Drop INC

Phone: 978-996-1383

Business Location (with Zip Code): 32 Webster Ave Somerville

Applicant's Legal Name: Robert M Carr

Applicant's Address (with Zip Code): 3920 Mystic Valley Pkwy Suite 303 Medford 02155

Applicant's Email Address: RMC 3480@yahoo.com

Applicant's Federal Employer Identification Number: 018567214

Mailing Name (where we should send correspondence to): Robert Carr

Mailing Address (with Zip Code): 3920 Mystic Valley Pkwy Medford Mass 02155

Emergency Contact: Bill Carr Phone: 981-859-8033

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust

Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Robert M Carr

Address with Zip Code: 3820 Mystic Valley Pkwy Medford 02155

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: _____

CITY CLERK'S OFFICE
50 STATE ST. MA
2012 FEB - 6 A 9:00

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

Date of Issuance _____

Detailed description of the wares to be peddled Flowers / Fruits and Vegetables

Detailed description of the vehicle, cart or display to be used Tables and My Truck

Detailed description of the location(s) to be used 32 Webster Ave

Detailed description of the dates and hours of operation Friday 8-3 - SAT 8-3
Sun and Mondays 9-6

Detailed description of any municipal events (parades, block parties, etc.) to be attended _____

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

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 Robert Carr Date 1/30/12

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 Robert Carr Date 1/30/12

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 _____

Conditions _____

Signature _____ Print Name _____

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 2/2/12

Conditions owner states only whole uncut fresh produce - No Food Permit Required

Signature [Signature] Print Name Maureen 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 2/2/12

Conditions No heaters or propane to be used

Signature [Signature] Print Name Thomas M. Brown

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
Dilboy Field	Lombardi Way	

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

Davis Square area

Prospect Hill Park area

Union Square area

Powder House Park
area

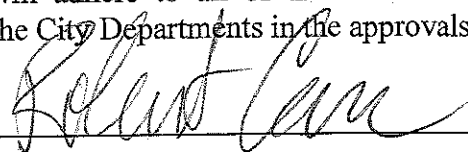
Somerville Hospital
area

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 _____

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON FEB -8 P 3:44

LICENSE OR PERMIT BOND

CITY CLERK'S OFFICE
SOMERVILLE, MA

KNOW ALL MEN BY THESE PRESENTS, That we Robert Carr

of 3920 Mystic Valley Parkway , Medford, MA 02155,

hereinafter referred to as Principal, and United Casualty and Surety Insurance Company

a corporation organized and existing under the laws of the State of Massachusetts

and authorized to do business in the Commonwealth of Massachusetts as Surety, are held

and firmly bound unto City of Somerville, MA , hereinafter referred to as Obligee,

in the sum of Five Thousand dollars (\$5,000.00)

lawful money of the United States of America, to the payment of which sum, well and truly to be made, we bind ourselves, our executors, administrators, successors and assigns, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a license or permit to the Obligee for the following purpose:

Hawker and Peddler License

NOW, THEREFORE, if the Principal shall faithfully comply with all ordinances, rules and regulations which have been or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Obligee from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said license or permit to the Principal, then this obligation shall be null and void; otherwise, to remain in full force and effect.

THIS BOND WILL CONTINUE IN FULL FORCE UNTIL CANCELLED BY THE SURETY. The Surety may at any time terminate its liability by giving thirty (30) days written notice to the Obligee, and the Surety shall not be liable for any default after such thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED February 3rd, 2012.

Robert Carr

By: 

United Casualty and Surety Insurance Company

Bond No. 288063

By: 

James M. Crawford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707



UNITED CASUALTY AND SURETY INSURANCE COMPANY
BOSTON, MASSACHUSETTS

Power No. 288063

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That UNITED CASUALTY AND SURETY INSURANCE COMPANY, a corporation of the Commonwealth of Massachusetts, does hereby make, constitute and appoint

Philip B. Crawford, Richard W. Crawford, Katie E. Ford, James M. Crawford, Jeffrey W. Crawford,

its true and lawful Attorney-in-Fact, with full power and authority, for and on behalf of the Company as surety, to execute and deliver and affix the seal of the Company thereto, if a seal is required, bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof, as follows:

Any and all bonds, undertakings, recognizances, consents of surety or other written obligations in the nature thereof

and to bind UNITED CASUALTY AND SURETY INSURANCE COMPANY, thereby, and all of the acts of said Attorney-in-Fact pursuant to these presents, are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by authority of the following Resolutions adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY at a meeting duly called and held on the 1st day of July, 1993 which Resolutions are now in full force and effect:

Resolved that the President, Treasurer, or Secretary be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons.

This power of attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of UNITED CASUALTY AND SURETY INSURANCE COMPANY, at a meeting duly called and held on the 1st day of July, 1993:

That the signature of any officer authorized by Resolutions of this Board and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, UNITED CASUALTY AND SURETY INSURANCE COMPANY has caused these presents to be signed by its proper officer and its corporate seal to be hereunto affixed this 14th day of July, 2010.

UNITED CASUALTY AND SURETY INSURANCE COMPANY

Todd S. Carrigan
Todd S. Carrigan, President

Commonwealth of Massachusetts, County of Suffolk

On this 14th day of July in the year 2010 before me personally came Todd S. Carrigan to me known, who, being by me duly sworn, did depose and say: that he resides in the Commonwealth of Massachusetts; that he is President of UNITED CASUALTY AND SURETY INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he signed his name thereto by the above quoted authority; that he knows the seal of said corporation; that said seal affixed to said instrument is such corporate seal, and that it was so affixed by authority of his office under the by-laws of said corporation

Caitlin L. Flanagan
Notary Public

Caitlin L. Flanagan
Notary Public
Commonwealth of Massachusetts
My Commission Expires
05/14/2015

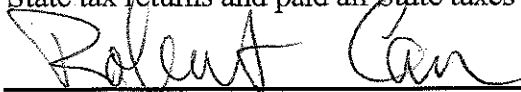
I, Timothy M. Carrigan, Treasurer of UNITED CASUALTY AND SURETY INSURANCE COMPANY, certify that the foregoing power of attorney, and the above quoted Resolutions of the Board of Directors of July 1, 1993 have not been abridged or revoked and are now in full force and effect.

Signed and sealed by its proper officer and its corporate seal to be hereunto affixed this day, February 3, 2012

Timothy M. Carrigan
Timothy M. Carrigan, Treasurer

**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)

018-56-7214

**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: 1

Address of taxpayer/applicant's business in Somerville: 32 Webster Ave

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

Taxpayer/applicant's phone: day: 978-996-1383 evening: same

I, (print name) Robert Carr, 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 _____ day of

_____, 20_____

(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: _____

15722 # 123693001 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 RECEIVED
Banay
2-2-12

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: Robert Carr
Address: 3970 Mystic Valley Pkwy
City: Medford State: Mass Zip: 02155 Phone #: 978-996-1383

- I am an employer with _____ 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: _____
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: Robert Carr Date: 1/30/12
Print Name: Robert Carr

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