

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

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

Date 6/14/13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

CITY CLERK'S OFFICE
SOMERVILLE, MA

2013 JUL -3 A 10:52

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Timothy Robertson Phone: 617-519-8118

Business Location (with Zip Code): 45 Magnus Ave, Somerville MA 02143

Applicant's Legal Name: Same as above

Applicant's Address (with Zip Code): Same as Above

Applicant's Email Address: t.f.robertson@gmail.com

Applicant's Federal Employer Identification Number: N/A

Mailing Name (where we should send correspondence to): Same as above

Mailing Address (with Zip Code): Same as Above

Emergency Contact: Francis Robertson Phone: 508-292-0837

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

☐ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Timothy Robertson

Address with Zip Code: 45 Magnus Ave., 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) _____

Date of Issuance _____

Detailed description of the wares to be peddled Books which I wrote -
Architecture fiction.

Detailed description of the vehicle, cart or display to be used 3.5 ft. by 3.5 foot
mobile Kiosk.

Detailed description of the location(s) to be used corner of Washington & Beacon
St. and across from Sherman Market in Union Square.

Detailed description of the dates and hours of operation 9am - 10pm - a few
hours at a time during the week & on weekends.

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

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 Jessy F. Miller Date 6/14/13

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 Jessy F. Miller Date 6/14/13

DEPARTMENTAL APPROVALS

POLICE DEPARTMENT (Required for ALL Hawkers and Peddlers.)

I have found no reason to doubt the morals and integrity of this Hawker and Peddler.

Signature [Signature] Date 7/1/13

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

I have inspected the 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.

Conditions _____

Signature _____ Date _____

FIRE PREVENTION BUREAU (Required 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.

Conditions _____

Signature _____ Date _____

SEALER OF WEIGHTS & MEASURES (Required for the use of scales/measuring devices.)

I have inspected all weighing and measuring devices that will be used by this Hawker and Peddler, and have found that they are operating properly.

Conditions _____

Signature _____ Date _____

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	Foss Park	Mystic River shoreline
Fellsway	Lombardi Way	Mystic Valley Parkway
Fellsway West	McGrath Highway	

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 Jenny F. Miller Date 6/14/13

Executed In Duplicate



Effective Date: June 1st, 2013

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61703809

That we, Timothy Robertson

of Somerville, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Oblige, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),
lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Vendor

by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
June 1st, 2014, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Oblige and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 31st day of May, 2013,

Timothy F. Robertson
Principal

Principal
WESTERN SURETY COMPANY

By Paul T. Bruffat
Paul T. Bruffat, Senior Vice President

**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)

**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: Timothy Robertson
Address of taxpayer/applicant's business in Somerville: 45 Magnus Ave.
Address of taxpayer/applicant's home in Somerville: 45 Magnus Ave.
Taxpayer/applicant's phone: day: 617-519-8118 evening: 617-519-8118

I, (print name) Timothy Robertson, 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 14th day of June, 2013. Timothy F. Robertson
(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: _____

9493 # 129048001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
Baras
7-9-13

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: Timothy Robertson
Address: 45 Magnus Ave.
City: Somerville State: MA Zip: 02143 Phone #: 617-519-8118

- ☐ 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: Timothy F. Robertson Date: 6/14/13
Print Name: Timothy Robertson

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 _____