



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW BOA MOBILE FOOD VENDOR LICENSE

**STEWART, MARY
MOE'S BBQ TROLLEY
32 PUTNAM RD
SOMERVILLE, MA 02145**

License #: **1075**
Fee: **150.00**
Account ID: **439**
Reference #: **1075**

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)
Business/DBA Name: MOE'S BBQ TROLLEY Business Location: OUT OF AREA Business Phone: 617-501-2901	
License Holder: STEWART, MARY MOE'S BBQ TROLLEY 32 PUTNAM RD SOMERVILLE, MA 02145 617-501-2901	2014 MAY 14 A 11:35 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: STEWART, MARY MOE'S BBQ TROLLEY 32 PUTNAM RD SOMERVILLE, MA 02145	
Business Type: SOLE PROPRIETORSHIP OWNER - MARY STEWART	
FID: 999999999	
Food Manager/Emergency Contact: MARY STEWART 617-501-6643	

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

Hours: **MO-SU 8AM - 9PM**

1 BOA MOBILE FOOD VENDOR

Description of Location and/or Other Conditions:

LOCATIONS:
TRUM FIELD, BROADWAY: MON-FRI 11AM-4PM.
TUFTS, PACKARD AVE: THU-SUN, AFTER 9PM ONLY WITH VALID EXTENDED OPERATING HOURS LICENSE.

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 _____
 Print Name: _____ Phone _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Mary Stewart
Address: 32 Putnam Rd
City: Somerville State: MA Zip: 02145 Phone #: 617 501 2901

- 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 _____

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: 5-13-14
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 #: _____
Contact Person: _____ Phone #: _____

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mary Stewart

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

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

Taxpayer/applicant's phone: day: 617-501-2901 evening: 617 501 2901

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 13 day of May, 2014. 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: _____

128410 # 136026001 # _____ # _____

NOTES:

CLERK'S INITIALS: JL

ORIGINAL STAMP: received
5-14-14