



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

2016 FEB 26 A 11:43

CITY CLERK'S OFFICE  
SOMERVILLE, MA

## Application to Renew Mobile Food Vendor License

**Bon Me Foods LLC**  
**148 Hampden Street**  
**Roxbury MA 02130**

**License #:** BL15-001167  
**File #:** 15-009758  
**Fee:** 165

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> Bon Me <b>Business Location:</b> <b>Business Phone:</b> 617-989-9804	
<b>License Holder:</b> Bon Me Foods LLC 148 Hampden Street Roxbury MA 02130	Bon Me Foods LLC 67 Kemble St, Unit 2.2 Roxbury MA 02119
<b>Mailing Address:</b> Bon Me Foods LLC 148 Hampden Street Roxbury MA 02130	Bon Me Foods LLC 67 Kemble St, Unit 2.2 Roxbury MA 02119
<b>Business Type:</b> LLC Patrick Lynch	
<b>FID:</b> 274472027	
<b>Emergency Contact:</b> Rebecca Simonson <b>Phone:</b> 617-758-9290	
<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> Yes <b>Describe your days, dates, and hours of operation:</b> Weekdays 11AM - 8 PM <b>Do you want to operate at Magoun Sq. (South side of Broadway east of Cedar St. adjacent to Trum Field)?</b> : No <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> : No <b>Describe your days, dates, and hours of operation:</b> <b>Do you have a location you would like to propose?</b> No <b>Describe your location:</b> <b>Describe your days, dates, and hours of operation:</b> <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>	

**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: Bon Me Foods LLC  
Address: 67 Kemble St, Unit 2.2  
City: Roxbury State: MA Zip: 02119 Phone #: 617-510-0924

☒ 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: see attached COI

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: [Signature] Date: 2/23/16

Print Name: Michael Feeney - Operations Mgr

*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 \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/22/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Burgin, Platner, Hurley Insurance 14 Franklin St.  Quincy MA 02169		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (617) 472-3000 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b> (617) 472-7248	
<b>INSURED</b> Bon Me Foods LLC 148 Hampden Street Boston MA 02119		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Essex Insurance INSURER B: Quincy Mutual INSURER C: Evanston Insurance Company INSURER D: Liberty Mutual Insurance Company INSURER E: INSURER F:	
		<b>NAIC #</b>	

**COVERAGES**

CERTIFICATE NUMBER: CL157206161

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	2CQ8262	3/26/15	3/25/16	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ included
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		AFV206512	3/1/15	3/1/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XOBW6287615	11/20/15	11/30/16	EACH OCCURRENCE \$ 5000000 AGGREGATE \$ 5000000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC2-31S-381388-015	4/1/15	4/1/16	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Food Truck - General Certificate

**CERTIFICATE HOLDER****CANCELLATION**

City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

K Besse, CIC CISR CPI