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CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAY 24 P 12:40

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Mobile Food Vendor License

STEWART, MARY
32 PUTNAM RD
SOMERVILLE MA 02145

License #: BL15-001075
File #: 15-439
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)
Business/DBA Name: STEWART, MARY Business Location: 0 OUT OF AREA Business Phone: 617-501-2901	
License Holder: STEWART, MARY 32 PUTNAM RD SOMERVILLE MA 02145	
Mailing Address: STEWART, MARY 32 PUTNAM RD SOMERVILLE MA 02145	
Business Type: Sole Proprietor MARY STEWART	
FID: 999999999	
Emergency Contact: MARY STEWART Phone: 617-501-6643	
Do you want to operate at Tufts (College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval)? No Describe your days, dates, and hours of operation: Do you want to operate at Magoun Sq. (South side of Broadway east of Cedar St. adjacent to Trum Field)? : No Describe your days, dates, and hours of operation: Do you want to operate at City Hall/High School Concourse in front of High School)? : No Describe your days, dates, and hours of operation: Do you have a location you would like to propose? Yes Describe your location: Not yet provided. Describe your days, dates, and hours of operation: MO-SU 8AM - 9PM Do you have a 2nd location you would like to propose?: No Describe your location: Describe your days, dates, and hours of operation:	

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: Mary Stewart Date: 5-24-16

Printed Name: Mary Stewart Phone: 617-501-2901



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: MOES BBG Trolly

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

Address of taxpayer/applicant's home in Somerville: 32 Putnam Rd Somerville 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 24 day of

May, 2016. 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: _____

B070 # 1310026001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

received
3-24-16

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: 8-24-16
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 _____