

APPLICATION FOR A BOA MOBILE FOOD VENDOR LICENSE

Nonrefundable Application Fee \$150

2013 JUN 18 P 2:07

FOR CITY CLERK'S OFFICE ONLY

Date 5/22/2013

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

Amount Paid

New Application

Renewing Application with Amendments or Changes

Renewing Application with NO Amendments or Changes

Business (DBA) Name: Tenoch Mexican Phone: 617-669-8638

Applicant's Federal Employer Identification Number: 452-848-814

Applicant's Legal Name: Alvaro Sandoval

Applicant's Address (with Zip Code): 37 Alton St. Arlington, MA 02474

Mailing Name (where we should send correspondence to): Tenoch Mexican

Mailing Address (with Zip Code): 24 Riverside Av. Medford, MA 02155.

Emergency Contact: Phone:

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: Alvaro Sandoval AS.

Partnership (inc. LLP): Name of Partnership:

Names of All Partners Who Own More Than 10%:

Trust: Name of Trust:

Names of All Trustees Who Own More Than 10%:

Corporation: Name of Corporation: Tenoch Mexican Food Corp.

Name of President: Alvaro Sandoval

Name of Secretary: Name of Treasurer:

LLC: Name of LLC:

Names of All Managers:

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Mass. Hawkers and Peddlers License Number (Attach a copy) 117697

Description of the proposed foods to vend (attach menu) Tortas (Mexican sandwich)

Description of the proposed truck or cart with dimensions (attach photo) _____

5x12 Trailer

*Space must get Co. S. State
used as permit will be
revised and given to
another vendor.
please contact
T&P to let us
know what you
will begin carrying
to Somerville.
Traffic @ Somerville*

Location(s) you are requesting:
(Depending on how you
operate, there may be parking
fees associated)

Months, Dates, Days, and Times you
will operate. (You must be on-site
at these times or your license may
be rescinded)

Traffic & Parking
Department Review:

<p>Tufts Campus: College Ave. south of Talbot St., adjacent to the parking lot and adjacent to the Tufts Oval.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>Davis Square: 1st legal parking space west of the MBTA Red Line station on the south side of Holland St.</p>	<p><i>- 12 months Monday to Saturday 4:00 pm + 9 pm</i></p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P: <i>YDP</i></p>
<p>Union Square: Parking Lot space(s) in front of Precinct and Independent, adjacent to the pedestrian mall.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>Magoun Square: South side of Broadway east of Cedar St. adjacent to Trum Field.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>City Hall: Concourse in front of High School.</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>Other Location (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>Other Location (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>
<p>Other Location (attach Vending Site Plan):</p>		<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>T&P:</p>

John Long

From: Matthew Dias
Sent: Thursday, June 13, 2013 7:09 PM
To: John Long
Cc: Suzanne Rinfret
Subject: Mobil Food Vendor.
Attachments: 20130613184507458.pdf

Must stress that if they don't show, we will revoke.

If I had my druthers, I'd want them to start with only a few days a week to see how it goes (Thur, Fri, Sat) and expand if need be.

Possible?

-----Original Message-----

From: Matt Dias [<mailto:mdias@somervillema.gov>]
Sent: Thursday, June 13, 2013 6:45 PM
To: Suzanne Rinfret; Matthew Dias
Subject: Traffic & Parking Scan

This E-mail was sent from "RNP0026732A9C67" (Aficio MP C5501).

Scan Date: 06.13.2013 18:45:07 (-0400)

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I also understand that the application fee required by the City is not refundable for any reason. I also certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date: 5/29/2013
Print Name: Alvaro Sandoval Phone: 617-669-8638

RELEASE AND INDEMNITY AGREEMENT

I hereby agree to release, discharge and hold harmless, the City of Somerville, 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 applicant's conduct under this license.

Signature of Applicant: [Signature] Date: 5/29/2013
Print Name: Alvaro Sandoval Phone: 617-669-8638

DEPARTMENTAL APPROVALS

INSPECTIONAL SERVICES DEPARTMENT/HEALTH DIVISION (Required for ALL Mobile Food Vendors).

I have reviewed the required material for Board of Health licensure of this Mobile Food Vendor and have found that it conforms to all laws set by the State and City with regard to food codes.

Approved ___ Not Approved ___ N/A Date 6/13/13
Conditions pre-op scheduled for Tues 6/18 7AM
Signature [Signature] Print Name M. hee

FIRE PREVENTION BUREAU (Required for ALL Mobile Food Vendors using flammables).

I have inspected the truck or cart to be used by this Mobile Food Vendor and have found that it conforms to all laws set by the State and City with regard to fire codes.

Approved ___ Not Approved ___ N/A Date 6/18/13
Conditions _____
Signature [Signature] Print Name ROBERT MACLAUCHLAN

POLICE DEPARTMENT (Required for ALL Ice Cream Vendors).

I have reviewed the application for Police Licensure of this Ice Cream Vendor and have found that it conforms to all laws set by the State and City with regard to Ice Cream Trucks.

___ Approved ___ Not Approved ___ N/A Date _____

Conditions _____

Signature _____ Print Name _____

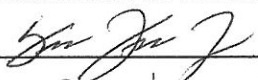
OTHER CONDITIONS

1. 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 at any time.
2. The following streets and areas are owned by the state, and may 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
3. The Applicant shall not operate at, or within 500 feet of, public events legally permitted by the City, unless explicitly requested and authorized by the event organizer and approved by the Inspectional Services Department/Health Division.
4. The Applicant shall not operate between the hours of 9:00 PM and 8:00 AM, unless explicitly requested and authorized by this license.
5. The Applicant shall operate at the locations and times described and approved in this application.
6. The Applicant shall not use styrofoam products.
7. The Applicant shall not park adjacent to a bus stop, taxi stand, or loading zone, or handicap ramp, within 30 feet of an intersection, or directly in front of a property entryway. Pedestrian walkways of at least 6 feet must be maintained on the service side of the mobile food vehicle.
8. The Applicant shall not park at a designated short-term metered space, occupy more than 2 metered parking spaces, or operate at a hooded metered space or a parking meter that is temporarily out of service
9. Parking at a metered space shall only be allowed at an operational metered space, complying with all posted requirements and fees. Parking at a designated short-term metered space shall not be permitted.
10. When any portion of the mobile food vehicle, including any accessories, extends into an adjacent parking space, then that space shall be considered occupied by the mobile food vehicle and the licensee must comply with all posted meter requirements.
11. The Applicant shall not reserve a metered parking space by blocking, barricading, hooding, signing, or in any other manner preventing another vehicle from occupying the space.

12. The applicant shall not park in such a manner so as to create a traffic hazard.
13. Sales by licensee shall be made on the curbside only and the vehicle shall be parked within 1 foot of the curb.
14. The Applicant shall not sell, lend, lease, or in any manner transfer this license.
15. The Applicant shall post this License conspicuously in a place visible to all customers.
16. The Applicant shall set out a trash and recycling receptacle for the use of the public while at a vending site. Said receptacles, and all papers, containers, garbage or other litter shall be removed by the Applicant. The Applicant shall regularly remove any litter found on adjacent streets, sidewalks and alleys, within 100 feet of the vending site.
17. 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. I also understand that any violation of the City's rules and regulations pertaining to Mobile Food Vendors could subject me to arrest, fine, and/or loss of this license

Signature of Applicant  Date 5/29/2013
Print Name: Alvaro Sandoval Phone: 617-669-8638

SPECIAL STATE LICENSE
Hawker or Pedler

Take care of your license.
Lost license will not be replaced.

No. 117697 **A**

Fee: \$60.00
Display \$2.00

Licensee: Alvaro Sandoval
37 Alton St.
Arlington, MA 02474

The Commonwealth of Massachusetts
DIVISION OF STANDARDS
ONE ASHBURTON PLACE, BOSTON



Expires: **APR 08 2014**
Date of Birth: 6/23/2977

Date **APR 09 2013**

Above portion must be worn in a visible and conspicuous manner on outer clothing.

Be it known unto all to whom these presents come, that the above-named person is hereby licensed to go about as a HAWKER or PEDLER in all the Cities and Towns in this Commonwealth, and to sell or expose for sale or barter any meats, butter, cheese, fish, fruits, vegetables, or other goods, wares or merchandise; except jewelry, furs, wines, spirituous liquors, small artificial flowers or miniature flags.

This license is not valid until after the licensee has endorsed his usual signature in the space provided in the margin hereof, and the license is dated and stamped with the official stamp or signature of the Director. The portion of the license indicating the license number, licensee's name and the date of expiration must be worn in a visible and conspicuous manner on outer clothing, otherwise he will be liable to the same penalty as if he had no license.

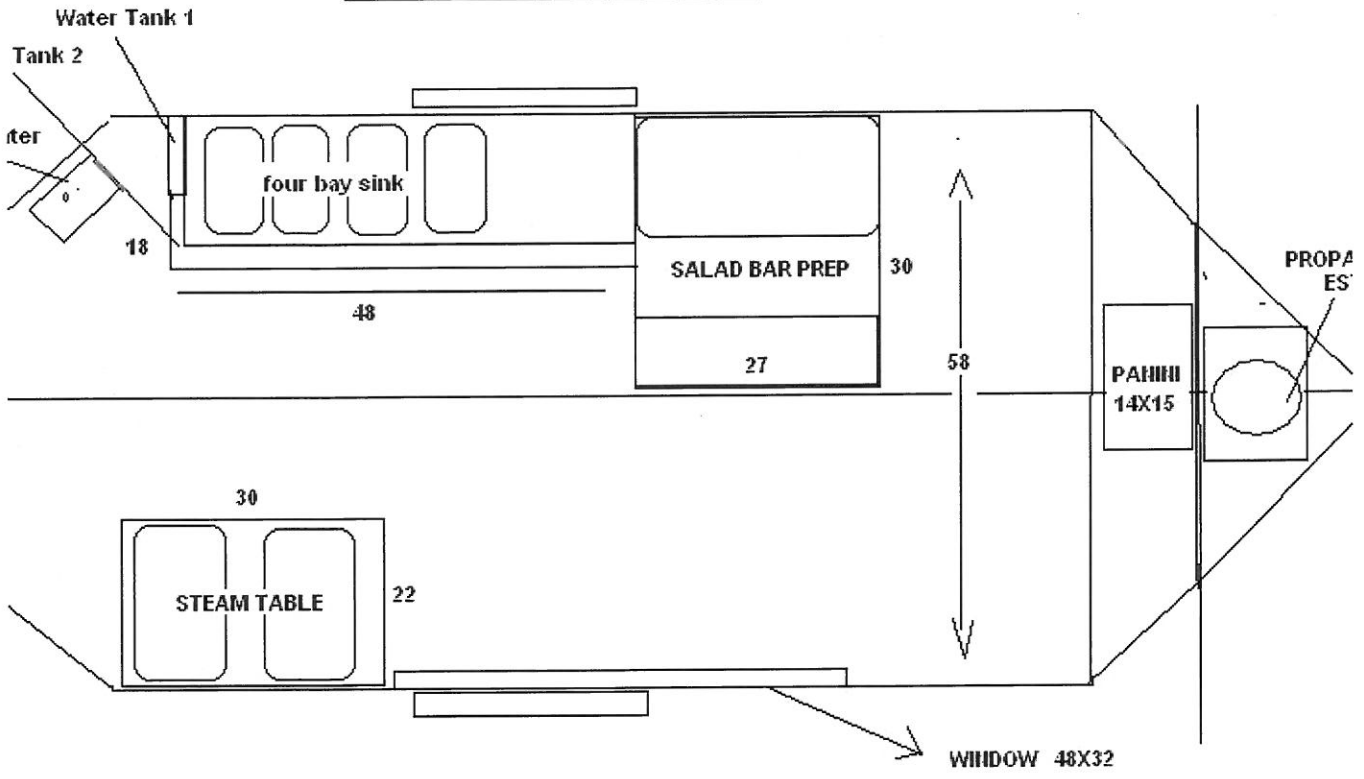
.....
Director of Standards

.....
Signature of Licensee





TEHOCH FOOD TRAILER



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: Tenoch Mexican

Address: 24 Riverside Av.

City: Medford State: MA Zip: 02155 Phone #: 781-395-2221

- I am an employer with 3 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: [Signature] Date: 5/29/2013

Print Name: Alvaro Sandoval

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

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

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/22/2013

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).

PRODUCER Mackintire Insurance Agency Inc 11 West Main Street Westborough MA 01581-1931	CONTACT NAME: Linda Taylor	
	PHONE (A/C, No, Ext): (508) 366-6161 FAX (A/C, No): (508) 366-5202 E-MAIL ADDRESS: ltaylor@mackintire.com	
INSURED Tenoch Mexican Food Corp. 24 Riverside Ave. Medford MA 02155	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Ins. Co. of America	12572
	INSURER B: Safety Insurance	39454
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 13 - 14 Master 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			\$2021360	5/23/2013	5/23/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6221095	12/18/2012	12/18/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 8,000
		UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
DED		RETENTION \$						
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC7956839	3/15/2013	3/15/2014	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


CERTIFICATE HOLDER

CANCELLATION

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

T Moynagh/MARIAN

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-28-2011

Employer Identification Number:
45-2848814

Form: SS-4

Number of this notice: CP 575 A

TENOCH MEXICAN FOOD CORPORATION
% ALVARO SANDOVAL
24 RIVERSIDE AVE
MEDFORD, MA 02155

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 45-2848814. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2012

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.