

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

2010 SEP -8 P 12:52

Application Fee \$150 & \$50 for each employee

Date 8/12/10

FOR CITY CLERK'S OFFICE ONLY  
CITY CLERK'S OFFICE  
SUMERVILLE, MA  
Date Recorded \_\_\_\_\_  
Amount Paid \$150.00

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: Variedades Edgar Phone: 857-445-5680

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 25 Mansfield St Somerville, Mass 02145

Tax Identification Number: \_\_\_\_\_ Check one: ☐ SSN ☐ FEIN

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

Address with Zip Code: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Mirna Aguilar Phone: 857-204-8942

Emergency Contact 2: Luis Moralez Phone: 617-308-6292

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☐ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: Edgar Bladimiro Diaz D

Address with Zip Code: 95 Mansfield St Somerville

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 PERFUMES, calling CARDS,  
T-shirts, clothing, Pocketbooks, belts,

Detailed description of the vehicle, cart or display to be used WOODEN CART, 4 feet  
long w/ wheels

Expected areas of operation 82 Broadway

Expected dates and hours of operation Mon - Sun 8a - 6p

Attach a list of the names and addresses 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 [Signature] Date 8/12/10

#### 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 Edgar Diaz Date \_\_\_\_\_

## DEPARTMENTAL APPROVALS

### ~~NEED~~ SEALER OF WEIGHTS AND MEASURES (Required for ALL Hawkers and Peddlers.)

I have inspected the cart, vehicle or display, and any weighing and measuring devices that will be used by this Hawker and Peddler, and have found that they are operating properly.

License # \_\_\_\_\_ Date 9/8/10

Conditions No Devices Being used

Signature Stephen G. Burgess Print Name Stephen G. Burgess

### ~~X~~ INSPECTIONAL SERVICES (HEALTH DIVISION) (Required only for the sale of foods.)

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 health codes.

License # \_\_\_\_\_ Date \_\_\_\_\_

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

### ~~X~~ FIRE PREVENTION BUREAU (Required only 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.

License # \_\_\_\_\_ Date \_\_\_\_\_

Conditions \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## 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. The Applicant shall submit an updated list of the names and addresses of all employees who will be working under this license to the City Clerk, whenever new employees are hired.

3. Operation in the following streets and areas is prohibited:

Alewife Brook Parkway

Davis Square area

Medford Street

Belmont Park and

(from a vehicle or

Mystic Avenue

adjacent street

other conveyance)

Park Street

Cedar Street

Fellsway West

Powder House Park

Central Street

Highland Avenue

area

College Avenue

McGrath Highway (300

Prospect Hill Park area

Curtis Avenue

feet on each side)

School Street

Dane Street

Mall Road

Summer Street

Somerville Avenue  
(McGrath Highway  
to Wilson Square)

Somerville Hospital  
area  
Temple Street

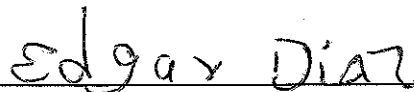
Union Square area  
(from a vehicle or  
other conveyance)

4. The Applicant shall not sell or offer for sale any goods, wares, or merchandise between the hours of 9:00 PM and 8:00 AM, and shall not cry his or her wares to the disturbance of the peace and comfort of the inhabitants of the City at any time. A duly licensed ice cream vendor shall not use any sounding device between the hours of 8:00 PM and 9:00 PM.
5. The Applicant shall not go uninvited to any dwelling or place of residence for the purpose of selling, bartering, or attempting to sell or barter his or her wares.
6. 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.
7. 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.
8. 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.
9. 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

A handwritten signature in dark ink, appearing to read "Edgar Diaz".

Date

9-8-10



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: Varied goods Edgar

Address of taxpayer/applicant's business in Somerville: 25 Mansfield St

Address of taxpayer/applicant's home in Somerville: 25 Mansfield St Som

Taxpayer/applicant's phone: day: 857 445 5680 evening: 857 445 5680

I, (print name) Edgar Diaz, 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 8 day of September, 20 10. Edgar Diaz  
(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: \_\_\_\_\_

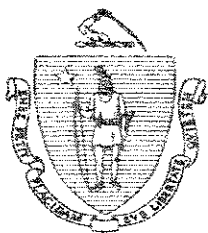
# 16523071 # 119034011 # No Acc # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: 6

ORIGINAL STAMP:

received  
9-8-10



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Edgar Bladimiro Diaz D  
address: 95 Mansfield  
city: Somerville state: MA zip: 02145 phone # 857-4455680

work site location (full address):

- ☒ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☒ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Other \_\_\_\_\_  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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 Edgar Diaz Date 9 8 10  
Print name Edgar Diaz Phone # 857-4455680

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_

phone #: \_\_\_\_\_

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_

(revised Sept. 2003)

**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.

Edgar Diaz

\*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

986-87-2675

\*\*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.