



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

**APPLICATION TO RENEW BOA MOBILE FOOD VENDOR LICENSE**

**THE SCOOP N SCOOTERY LLC**  
AUSTIN CRITTENDEN  
184 HARVARD STREET  
MEDFORD, MA 02155

License #: **1091**  
Fee: **150.00**  
Account ID: **856**  
Reference #: **1091**

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: <b>THE SCOOP N SCOOTERY</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>224-567-9031</b>	
License Holder: <b>THE SCOOP N SCOOTERY LLC</b> <b>AUSTIN CRITTENDEN</b> <b>184 HARVARD STREET</b> <b>MEDFORD, MA 02155</b> <b>224-567-9031</b>	
Mailing Address: <b>THE SCOOP N SCOOTERY LLC</b> <b>AUSTIN CRITTENDEN</b> <b>184 HARVARD STREET</b> <b>MEDFORD, MA 02155</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>MANAGER - AUSTIN CRITTENDEN</b>	
FID: <b>463569318</b>	
Food Manager/Emergency Contact: <b>JOHN CRITTENDEN</b> <b>-847-636-2998</b>	<i>Austin Crittenden 224-567-9031</i>

2014 FEB 27 P 2:37  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA

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

Hours: **MO-SU 12 NOON - 12 MIDNITE**

**1 BOA MOBILE FOOD VENDOR**

Description of Location and/or Other Conditions:

**LOCATIONS:**  
**HIGH SCHOOL: MON-WED & FRI 12-4PM.**  
**TRUM FIELD: MON-WED 4-9PM, TH 12-3PM, FRI 6-9PM, SA 3-9PM, SU 12-4PM.**  
**TUFTS: MON-SAT 9-12MIDNITE, SUN 4-MIDNITE.**  
**UNION SQ: THU 3-9PM, FRI 4-6PM, SAT 12-3PM.**  
**OPERATION AFTER MIDNITE NOT PERMITTED WITHOUT 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: *Austin Crittenden* Date: 2/27/14  
 Print Name: Austin Crittenden Phone: 224-567-9031

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: Austin Crittenden  
Address: 184 Harvard St  
City: Medford State: MA Zip: 02155 Phone #: 224-567-903  
 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 mobile business

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Travelers  
Address: 300 Arboretum Pl, Suite 120  
City: Richmond State: VA Zip: 23236 Phone #:  
Policy #: 6D675021 Expiration Date: 10/01/14

**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: 2/27/14  
Print Name: Austin Crittenden

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 \_\_\_\_\_

(revised Jan. 2008)