

GUIDE TO HAWKER AND PEDDLER LICENSES

Pursuant to Section 8-77 of the Somerville Code of Ordinances, a license must be obtained annually before conducting any hawking and peddling activities in the City. Licensure is valid from May 1 through April 30 of the following year. The fee is \$150.00.

If you have a license issued by the State Division of Standards, complete this application as instructed below, and attach a copy of the license. The City Clerk may issue you a Certificate of Registration once these requirements are met and you have provided the Bond or Certificate of Insurance described below. For more information on the State license, contact the Division at (617) 727-3480 or find it on the internet at <http://www.state.ma.us/standards/index.htm>.

If you do not have a license issued by the State Division of Standards, complete this application as instructed below. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2nd and 4th Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

To complete the application:

1. Fill in all information requested. Sign the Acknowledgement, and sign the Release and Indemnity Agreement. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit. Attach a list of the names and addresses of all employees who will be working under this license.
2. Proceed to each Department for which a sign-off is required, as follows:

Sealer of Weights and Measures: Monday–Friday, 3:00–4:00 PM
1 Franey Road (DPW, adjacent to Trum Field, located on Broadway)
617 625-6600 x5900 (Fax 617 666-2752)

Inspectional Services/Health Division: Monday–Friday, 8:00–9:00 AM, 3:00–4:00 PM
1 Franey Road (DPW, adjacent to Trum Field, located on Broadway)
617 625-6600 x4307 (Fax 617 591-3298)

Fire Prevention Bureau: Monday–Friday, 8:00–10:00 AM, 3:00–5:00 PM
255 Somerville Avenue (behind the Public Safety Building)
617 625-6600 x8400 (Fax 617 666-4597)

3. Review all Conditions and sign the Acceptance of Conditions.
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:
Treasury Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall) Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500 Friday, 8:30 AM – 12:00 PM
5. Submit the application to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100.
6. Be prepared to obtain a City and County Licenses and Permits Bond in the amount of \$5,000, or designate the City of Somerville as an Additional Insured on your business liability insurance. The Bond or Certificate of Insurance must be presented to the City Clerk before you can receive your license.

APPLICATION FOR A HAWKER AND PEDDLER LICENSE

Application Fee \$150.00

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: _____ Phone: _____

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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 _____

Detailed description of the vehicle, cart or display to be used _____

Expected areas of operation _____

Expected dates and hours of operation _____

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? _____

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 _____ Date _____

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 _____ Date _____

DEPARTMENTAL APPROVALS

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 _____

Conditions _____

Signature _____ Print Name _____

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 _____

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 adjacent street	(from a vehicle or other conveyance)	Mystic Avenue
Cedar Street	Fellsway West	Park Street
Central Street	Highland Avenue	Powder House Park area
College Avenue	McGrath Highway (300 feet on each side)	Prospect Hill Park area
Curtis Avenue		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 _____ Date _____

**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.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**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.



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: _____

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

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

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: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> 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: _____ Date: _____

Print Name: _____

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____