

## GUIDE TO TRANSIENT VENDOR LICENSES

Pursuant to Section 8-89 of the Somerville Code of Ordinances, a license must be obtained annually before conducting any transient vending activities in the City. Licensure is valid from the date of the license through December 31 of the same year only. The fee is \$150.00.

You must have a Transient Vendor License issued by the State Division of Standards before you can apply for a City transient vendor license. For more information on the State license, go to <http://www.state.ma.us/standards/index.htm> or contact the Division at (617) 727-3480.

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 top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit.
2. Attach a copy of your State Transient Vendor License. Attach a list of the names and addresses of all employees who will be working under this license. Finally, attach written consent of the owner of the premises on which the business will be located.
3. 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)

4. Review all Conditions and sign the Acceptance of Conditions.
5. 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
6. Submit the application and the fee to the City Clerk's Office, 93 Highland Avenue, 617 625-6600 x4100. The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> 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.
7. 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 TRANSIENT VENDOR LICENSE**

Application Fee \$150.00

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

Date \_\_\_\_\_

- 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. Transient Vendor License Number (Attach a copy)\_\_\_\_\_

Date of Issuance\_\_\_\_\_

Detailed description of the wares to be sold\_\_\_\_\_

Detailed description of the tent, building, or other structure to be used\_\_\_\_\_

Expected dates and hours of operation\_\_\_\_\_

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?\_\_\_\_\_

Attach a list of the names and addresses of all employees who will be working under this license.

Attach the written consent of the owner of the premises on which the business will be located.

**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 Transient Vendors 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 Transient Vendors.)

I have inspected the tent, building, or other structure to be used, and any weighing and measuring devices that will be used by this Transient Vendor, and have found that they are satisfactory.

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

Conditions \_\_\_\_\_

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

**INSPECTIONAL SERVICES/HEALTH DIVISION** (Required only for the sale of foods.)

I have inspected the tent, building, or other structure to be used by this Transient Vendor 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 tent, building, or other structure to be used by this Transient Vendor 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	Curtis Avenue	Highland Avenue
Belmont Park and adjacent street	Dane Street	McGrath Highway (300 feet on each side)
Cedar Street	(from a vehicle or other conveyance)	Mall Road
Central Street	Fellsway West	Medford Street
College Avenue		Mystic Avenue

Park Street  
Powder House Park  
area  
Prospect Hill Park area  
School Street  
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.
5. 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.
6. If the Applicant is an organization engaged in charitable work or a post of any incorporated veterans organization, no person under 16 years of age shall act as an agent of the Applicant.
7. 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.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*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).<br><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.<br><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.<br><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <b>Business Type:</b> <input type="checkbox"/> Retail<br><input type="checkbox"/> Restaurant/Bar/Eating Establishment<br><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)<br><input type="checkbox"/> Nonprofit<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Manufacturing<br><input type="checkbox"/> Health Care<br><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 _____
Contact Person: _____	Phone #: _____	

(revised Jan. 2008)