

Hawkers & Peddlers License

For sale of food
& non-food

IF YOU HAVE A State License

All of MA
Required for public way
Need H&P Certificate also
No Indemnification
No Liability Insurance

IF YOU HAVE A City License

Only within Fall River
Public or Private Way
Indemnification Required
Liability Insurance Required

IF ON A Private Way

No State License Required
BUT must have City H&P
License if no State License

IF ON A Public Way

State or City License

Hawkers & Peddlers Certificate

\$50 Fee for Certificate

State License triggers need for
local H&P Certificate

No Indemnification required
No Liability Insurance required

Push Cart Permit

May only sell food
Must use push cart
Must have State or Local H&P
License

IF YOU HAVE A State H&P License

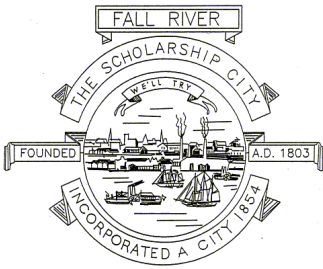
Must have City H&P Certificate

IF ON A Private Way

Indemnification required
Liability Insurance not required

IF ON A Public Way

Indemnification Required
Liability Insurance Required



City of Fall River Massachusetts

Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

FOOD VENDING PUSH CART PERMIT APPLICATION CHECKLIST

Total Cost: \$110

(Other Board of Health fees may apply.)

\$50 for Permit

\$60 for Business Certificate

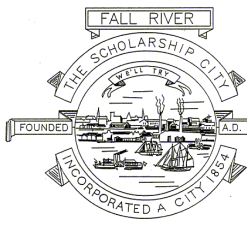
Checklist:

- Complete Application for Permit, Indemnification Agreement, Worker's Compensation, Tax Certification and Business Certificate Forms.
- Bring Application to Engineering Division on the 5th floor, for review and approval of the proposed location.
- Bring Application to the Food Inspector on the 4th floor, for approval and compliance with applicable health codes.
- Bring the following completed forms to the City Clerk's office on the 2nd floor with the \$50 permit fee:
 - Application for Permit
 - Worker's Compensation Affidavit
 - Tax Certification Form
 - Business Certificate form
 - Indemnification Agreement
 - Proof of liability insurance for bodily injury and property damage not less than \$500,000. (Must list the City of Fall River as additional insured and provide a thirty (30) day written notice prior to cancellation or material change.)
- Application is forwarded to the Police Chief, Fire Chief and the City Collector, for purposes of a background investigation and/or outstanding taxes and/or fees owed to the City of Fall River.
- Indemnification Agreement is forwarded to the Law Department on the 6th floor, for the Corporation Counsel's signature.
- The City Clerk notifies applicant when the approved permit is ready.

Permit expires April 30th of each year. Same fees apply.

Please Note: Under 105 CMR 590.012(E) a separate mobile food operation permit must be obtained from the Board of Health.

One Government Center • Fall River, MA 02722
TEL 508-324-2220 • FAX 508-324-2211 • EMAIL city_clerks@fallriverma.org



City of Fall River Massachusetts
Office of the City Clerk

NEW
 RENEWAL
**APPLICATION FEE IS
NON-REFUNDABLE**

PERMIT NO. _____

ALISON M. BOUCHARD
CITY CLERK

INÈS LEITE
ASSISTANT CITY CLERK

FOOD VENDING PUSH CART PERMIT APPLICATION
(PLEASE PRINT OR TYPE)

Applicant: _____

Residence: _____

Telephone Number: _____ Social Security Number: _____

Business Name (if applicable): _____

Business Address: _____

Business Phone: _____ Mobile Phone: _____

Hours of operation at Vending Location/Service Route: _____

Push cart dimensions (not to exceed six feet in length by four feet in width) _____

List three (3) Vending Locations/Service Routes in order of preference and attach a list of all the food or drink items that will be offered from the vending push cart:

- 1. _____
- 2. _____
- 3. _____

Have you or your business ever held a food vending push cart permit with the City of Fall River? If the answer is yes, please state when and the location. _____

Have you or your business been subject to suspension or revocation of a Fall River Vending Push Cart permit within the past five years? If the answer is yes, please explain. _____

Do you hold a state hawkers and peddler's license? If the answer is yes, please list your license number. _____

I state that all the information provided in this application is true and accurate. I understand that if any information is found to be false or misleading that I may forfeit a Food Vending Push Cart permit and be required to wait a period of one year before submitting a new application.

Signature: _____ Date: _____

ENGINEERING: I, _____, have determined that the above-approved vending location or service route satisfies the specified sidewalk requirements in Article XXI of the Fall River Revised Ordinances, and have found that said location or service route **DOES / DOES NOT** likely pose a danger or nuisance to the public health, safety, or welfare or impede pedestrian or vehicular traffic.

Signature: _____ Date: _____

Notes/Comments: _____

Should the approved vending location or service route be found to endanger the public health, safety, or welfare, or impede pedestrian or vehicular traffic, the above-approved location or service route may be modified at any time by the Division of Engineering.

INSPECTIONAL SERVICES: I, (Inspector's Name) _____, have inspected the food vending cart on (date) _____ to be used in the operation of a vending business pursuant to Article XXI of the Fall River Revised Ordinances, and have found that said cart **CONFORMS / DOES NOT CONFORM** to all applicable health laws and codes set by the Commonwealth of Massachusetts and the City of Fall River.

Signature: _____ Date: _____

Notes/Comments: _____

CITY COLLECTOR: It is hereby certified that this food vending push cart applicant, **HAS / HAS NOT** complied with payment of all local taxes, fees, assessments, betterments, and other municipal charges, or entered into a payment agreement pursuant to Fall River Rev. Ordinances ch. 14, art. I, § 14-4, thereby satisfying the requirements of said Ordinance, and may be issued the requested push cart permit.

Signature: _____, City Collector Date: _____

CHIEF OF POLICE: The applicant is **APPROVED / DISAPPROVED** for the requested push cart permit.

Signature: _____, Chief of Police Date: _____

Notes/Comments: _____

Official use only. Do not write in this area, to be completed by City Clerk's Office.

- Completed tax form
- Completed Workers' Compensation Insurance Affidavit
- Business Certificate (if applicable)
- Indemnification Agreement
- Proof of liability insurance
(Not less than \$500,000 with City of Fall River listed as additional insured.)
- Fee

Clerk initials _____

INDEMNIFICATION & RELEASE

Agreement made this ____ day of _____ 20____, by and between the City of Fall River, a municipal corporation with a mailing address of One Government Center, Fall River, Massachusetts (hereinafter "City"), and _____ with a mailing address of _____ (hereinafter "Permitee").

In consideration of the mutual promises contained herein, the City and the Permitee agree as follows:

1. The Permitee shall enjoy all the privileges of possessing a Food Vending Push Cart Permit pursuant to Fall River, MA Revised Ordinances Article XXI, Chapter 14.
2. The Permitee shall indemnify and hold the City harmless, to the extent permitted by law, against all claims, suits, damages, costs, liability and expenses, including reasonable attorney fees, arising in any way out of the permittee's use of the vending location or service route described in the Food Vending Push Cart Permit Application.
3. The Permitee shall indemnify and hold the City harmless, to the extent permitted by law, against all claims, suits, damages, costs, liability and expenses, including reasonable attorney fees, for any negligence or gross negligence of patrons to the Permitee's food vending push cart operation.
4. This agreement shall continue for the period in which the Permitee holds a valid Food Vending Push Cart permit pursuant to Fall River, MA Revised Ordinances Article XXI, Chapter 14.

Executed as a sealed instrument. City of Fall River

Approved as to form and manner

By: _____
Corporation Counsel

By: _____

By: _____

Printed Name



City of Fall River Massachusetts
Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

Dear Applicant:

Pursuant to M.G.L. c.152, s.25A, all employers conducting business in the Commonwealth of Massachusetts must carry a valid workers' compensation policy at all times. No business or organization may be issued a license and/or permit as required by ordinance or by-law, without providing proof of workers' compensation coverage.

All businesses whether they have employees or not, must complete the enclosed affidavit prior to the issuance of a license or permit. For those businesses that have employees, a copy of the declaration of Workers' Compensation must also be provided and attached to the affidavit.

Please complete, date, sign and return the affidavit to this office at your earliest opportunity. Sole proprietors and partnerships are not required to carry workers' compensation if they have no employees. This must be indicated on the affidavit.

Should you have any questions regarding this issue, please contact the Commonwealth of Massachusetts Department of Industrial Accidents at (617) 727-4900 ext. 406.

Very truly yours,

Alison M. Bouchard
City Clerk

encl: Workers' Compensation Insurance Affidavit



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street
 Boston, MA 02114
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office

6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations

1 Congress Street
Boston, MA 02114

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

DATE _____

SECTION A.

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

****Social Security or Federal ID Number**

***Signature of individual
or Corporate name**

Please check the following:

INC.

By: _____
***Corporate Officer (if applicable)**

(Please print)

BUSINESS NAME: _____

ADDRESS: _____

SECTION B.

I also certify that I have, to the best of my knowledge and belief, paid all accounts receivable owed to the City of Fall River, including but not limited to, real and personal property taxes, motor vehicle excise taxes, parking fines, water and sewer user charges and other license/permit fees, emergency medical service charges or other charges or fees.

***Signature of individual or Corporate Officer**

***Approval of a contract or other agreement will not be granted 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. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed or extended.**

PLEASE COMPLETE FORM IN BLACK INK ONLY

INSTRUCTIONS \$50.00 FILING FEE \$10.00 CERT. COPY

Commonwealth of Massachusetts

City of Fall River - City Clerk Department

Business Certificate No. _____ *Expires on* _____

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws as amended, the undersigned hereby declare(s) that the business of:

_____ ***DESCRIPTION OF BUSINESS*** _____

Known as: _____ ***NAME OF BUSINESS*** _____

Conducted at: _____ ***BUSINESS ADDRESS **(MUST BE LOCATED IN FALL RIVER)*** _____

Mailing address: _____ ***CURRENT MAILING ADDRESS*** _____

Business telephone: _____ ***CURRENT BUSINESS TELEPHONE*** _____

By the following named person(s):

Full Name **Residence** **Home Telephone**

_____ ***OWNER'S NAME ADDRESS HOME OR CELL PHONE*** _____

Signed

_____ ***OWNER'S SIGNATURE (MUST BE NOTARIZED)*** _____

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

_____ My Commission Expires _____

Notary Public or Authorized Person

Under the provisions of Chapter 337 of the Acts of 1985 and Chapter 110, Section 5 of the Mass. General Laws, business certificates shall be in effect for four years from the date of issue and shall be renewed every four years thereafter. A statement under oath must be filed with the City Clerk upon discontinuance or withdrawing from such business or partnership. Copies of such certificates shall be available at the address such business is conducted and shall be furnished upon request during regular business hours to any person who has purchased goods or services from such business. Violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which such violation occurs.

PLEASE COMPLETE FORM IN BLACK INK ONLY

NOTICE

I/We understand that filing a Business Certificate is **NOT** a license from the City Clerk, nor any or it's agents or employees, to operate a business.

I/We understand that the filing of this Business Certificate **DOES NOT** necessarily mean that the business is in compliance with the Zoning Laws of the City.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of four (4) years from the date of acceptance for filing.

Signed

OWNERS' SIGNATURE - MUST BE NOTARIZED

Sole Proprietor, Partners or Corporate Officer

Date: _____

Then personally appeared the above named _____
who solemnly swears under oath that the above statements are understood and are true to the best of their knowledge.

Notary Public or Authorized Person

My Commission Expires _____

PLEASE COMPLETE FORM IN BLACK INK ONLY

Commonwealth of Massachusetts

City of Fall River - City Clerk Department

Business Certificate No. _____ *Expires on* _____

In conformity with the provisions of Chapter One Hundred and Ten, Section Five of the General Laws as amended, the undersigned hereby declare(s) that the business of:

Known as: _____

Conducted at: _____

Mailing address: _____

Business telephone: _____

By the following named person(s):

Full Name	Residence	Home Telephone
------------------	------------------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed

On _____ the above named person(s) personally appeared before me and made oath that the foregoing statement is true.

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