

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

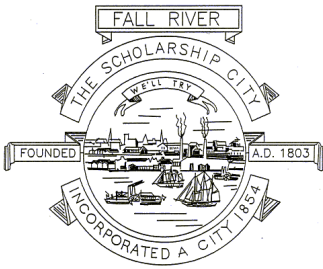
Must have City H&P Certificate

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

HAWKER AND PEDDLER APPLICATION CHECKLIST **(Other Board of Health fees may apply)**

\$50 for City Certificate; \$125 for City License, as applicable

\$60 for Business Certificate for Businesses located in Fall River

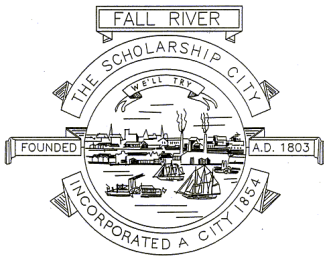
City Certificate:

- Complete Application, Worker's Compensation, Tax Certification and Business Certificate Forms.
- City Certificate is issued to applicant the same day.

City License:

- Complete Application, Worker's Compensation, Tax Certification, Indemnification Agreement 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 Sealer of Weights and Measures on the 4th floor, for approval of all weighting and measuring devices.
- Bring the following completed forms to the City Clerk's office on the 2nd floor with the \$125 license fee:
 - Application
 - 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 for the Corporation Counsel's signature and the Mayor's Office for his signature.
- The City Clerk notifies applicant when the approved license is ready. Applicant may pick up license or license can be mailed.

Certificate and License expire April 30th of each year. Same fees apply.



City of Fall River Massachusetts
Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

HAWKER AND PEDDLER LICENSE

NEW LAW

CITY CERTIFICATE NOW REQUIRED

In accordance with Sec. 14-316 of the Revised Ordinances of the City of Fall River, 1999, all hawkers and peddlers duly licensed by the Commonwealth's Division of Standards are required to register with and obtain a certificate of such registration from the City Clerk prior to conducting business in the city.

The fee for such registration is \$50.00 annually.

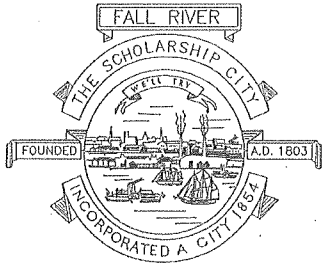
The certificate of registration is valid from May 1 of the current year and will expire April 30 of the following year.

In addition, any sale of food items from a push cart also requires a food vending permit.

Both applications must be made to the City Clerk and are available in the office during regular business hours, Monday – Friday from 9:00 a.m. to 5:00 p.m.

Should you have any questions or concerns, please feel free to contact this office at 508-324-2220.

ALISON M. BOUCHARD
CITY CLERK



City of Fall River Massachusetts
Office of the City Clerk

ALISON M. BOUCHARD
CITY CLERK

INÊS LEITE
ASSISTANT CITY CLERK

HAWKER AND PEDDLERS - NEW LAW

In accordance with the enclosed Section 14-333 of the Revised Ordinances of the City of Fall River, 1999, hawkers and peddlers are not allowed to sell or display their wares along the length of a parade or procession route two hours before, two hours after and during the course of a parade or procession.

Parade or processional route information can be obtained from the police department or the mayor's office.

For your reference, attached please find a copy of the new ordinance.

In addition, license holders are reminded that hawkers and peddlers duly licensed by the Commonwealth's Division of Standards are required to register and obtain a certificate of such registration from the City Clerk prior to conducting business in the city.

Should you have any questions or concerns, please feel free to contact this office at 508-324-2220.

Alison M. Bouchard

ALISON M. BOUCHARD
CITY CLERK

City of Fall River, In City Council

BE IT ORDAINED by the City Council of the City of Fall River, as follows:

That Chapter 14 of the Revised Ordinances of the City of Fall River, Massachusetts, 1999, which chapter relates to businesses be amended by inserting a new section to read as follows:

Section 14-333 Sales prohibited on parade routes or procession routes.

- (a) The city council finds that the solicitation and sale of goods and wares along established parade routes and procession routes during the course of, as well as for a certain time before and after said parades or processions, causes disorder in the parade or procession and poses a hazard to the public's health, welfare, and safety. As such, this section prohibits hawkers and peddlers from selling or displaying their wares along a duly designated parade or processional route, the designation of which is listed on a parade and processional permit on file with the police department or mayor's office.
- (b) No person shall sell or expose for sale any merchandise in accordance with this article along the length of a parade route or procession route designated by the Mayor for a period of two hours before, two hours after, and during the course of a parade or procession.

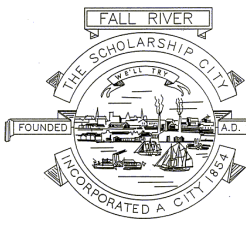
In City Council, October 28, 2014
Passed to be ordained, as amended

Approved, November 5, 2014
William A. Flanagan, Mayor

A true copy. Attest:

Alison M. Bouchard

City Clerk



City of Fall River Massachusetts

Office of the City Clerk

NEW
 RENEWAL
APPLICATION FEE IS
NON-REFUNDABLE

ALISON M. BOUCHARD
CITY CLERK

LICENSE CERTIFICATE NO. _____

INÈS LEITE
ASSISTANT CITY CLERK

HAWKER AND PEDDLER APPLICATION

(PLEASE PRINT OR TYPE)

Applicant: _____ Date of Birth: _____

Residence: _____ Telephone: _____

Driver's License and State: _____ Social Security Number: _____

Business Name (if applicable): _____

Business Address: _____

Business Phone: _____ Mobile Phone: _____

Hours of operation at Vending Location/Service Route: _____

Push cart dimensions, if applicable (not to exceed 6' in length by 4' in width) _____

List three (3) Vending Locations/Service Routes in order of preference and attach a list of all items that will be offered:

1. _____
2. _____
3. _____

MA Hawkers and Peddler's license number (please attach copy.) _____

Have you or your business been subject to suspension or revocation of a Hawker and Peddler License or Certificate within the past five years? If the answer is yes, please explain. _____

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 Hawker and Peddler License/Certificate and be required to wait a period of one year before submitting a new application.

Signature: _____ Date: _____

APPROVALS REQUIRED FOR HAWKER AND PEDDLER LICENSE ONLY:

ENGINEERING: I, _____, have determined that the above-approved vending location or service route satisfies the specified sidewalk requirements in Article VIII 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.

SEALER OF WEIGHTS AND MEASURES: The above application **CONFORMS / DOES NOT CONFORM** with the ordinances of the City of Fall River and M.G.L. Chapter 98 Section 45.

Signature: _____, Sealer of Weights and Measures Date: _____

Notes/Comments: _____

CITY COLLECTOR: It is hereby certified that this 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 license or certificate.

Signature: _____, City Collector Date: _____

CHIEF OF POLICE: The applicant is **APPROVED / DISAPPROVED** for the requested license or certificate.

Signature: _____, Chief of Police Date: _____

Notes/Comments: _____

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

- Copy of MA Hawker's and Peddler's license (if applying for certificate only)
- 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 "Applicant").

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

1. The Applicant shall enjoy all the privileges of possessing a Hawker and Peddler License or Certificate pursuant to Fall River, MA Revised Ordinances Article VIII, Chapter 14.
2. The Applicant 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 applicant's use of the vending location or service route described in the Hawker and Peddler Application.
3. The Applicant 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 Applicant's hawker and peddler push cart operation.
4. This agreement shall continue for the period in which the Applicant holds a valid Hawker and Peddler License or Certificate pursuant to Fall River, MA Revised Ordinances Article VIII, 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.

_____ 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 of its 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 _____

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 _____