

**IMPORTANT**

#68  
REF 59

**Dear License Holder:**

**It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.**

License Type: Junk Dealer  
License Number: #191144  
Business Name: Joseph Talewsky Enterprise Inc  
Location: 508 Columbia St  
Merchandise: Scrap  
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Joseph Talewsky Enterprise INC
Somerville Address and Zip Code:	508 Columbia St. 02143
Phone Number of the Business:	617 628 4691

The Legal Name of the License Holder:	Allen Talewsky
Street Address of the License Holder:	4 Wildwood Dr.
City, State and Zip Code of the License Holder:	Peabody MA.
Phone Number of the License Holder:	978 430 3010
Email Address of the License Holder:	Allental @ Aol. Com

Where We Should Send Mail: Name:	J. Talewsky Enterprise
Street Address:	508 Columbia St.
City, State and Zip Code:	Somerville MA 02143
Email:	
Phone Number:	617 628 4691

2012 APR -4  
A 11:52  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Federal ID # (Do Not Give a Social Security #):	04 32 12149
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Emergency Contact and Phone (For Fire Dept. Use):	617 628 4691
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-OVER- 978 430 3010

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: Allen Talerusky

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.**

**-I have filed all State tax returns and paid all State taxes required by law for this business.**

License Holder Signature: \_\_\_\_\_

Allen Talerusky

Date \_\_\_\_\_

4/1/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Talowsky Enterprise Inc

Address of taxpayer/applicant's business in Somerville: 508 Columbia St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 978 430 3010 evening: 978 430 3010

I, (print name) Amir Jaluf Alkhatib 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 1 day of April, 2012.  
Amir Jaluf  
(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: \_\_\_\_\_

# 3716      # 146008001      # 381      # \_\_\_\_\_  
0107185

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**  
2-4-12

**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: Talowsky Enterprise INC  
 Address: 508 Columbia St  
 City: Somerville State: MA Zip: 02143 Phone #: 6176284691

I am an employer with 3 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

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

Insurance Company Name: Travelers  
 Address: PO Box 1450  
 City: Middleboro State: MA Zip: 02344 Phone #:  
 Policy #: 7PJUB-4566 PG4-4-12 Expiration Date: 3-5-13

**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.

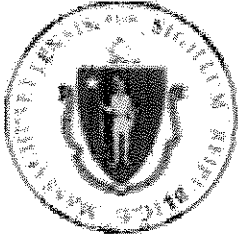
Signature: [Handwritten Signature] Date: 4/1/12  
 Print Name: Allen Talowsky

*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



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**TALEWSKY ENTERPRISES, INC. Summary Screen**



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: TALEWSKY ENTERPRISES, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 043212149

Old Federal Employer Identification Number (Old FEIN): 000447556

Date of Organization in Massachusetts: 11/30/1993

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 00 / 00

**The location of its principal office:**

No. and Street: 508 COLUMBIA ST.  
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

**If the business entity is organized wholly to do business outside Massachusetts, the location of that office:**

No. and Street:  
City or Town: State: Zip: Country:

**Name and address of the Registered Agent:**

Name: ALLEN N. TALEWSKY  
No. and Street: 508 COLUMBIA STREET  
City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

**The officers and all of the directors of the corporation:**

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	ALLEN N. TALEWSKY	4 WILDWOOD DR., PEABODY, MA 01960 USA 4 WILDWOOD DR., PEABODY, MA 01960 USA	
TREASURER	ALLEN N. TALEWSKY	4 WILDWOOD DR., PEABODY, MA 01960 USA 4 WILDWOOD DR., PEABODY, MA 01960 USA	
SECRETARY	ROBERT I. TATEL	42 GOODNOUGH RD., CHESTNUT HILL, MA 02167 USA 42 GOODNOUGH RD., CHESTNUT HILL, MA 02167 USA	

business entity stock is publicly traded:

The total number of shares and par value, if any, of each class of stock which the business entity is authorized to