

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

NISSENBAUM'S AUTO PARTS, INC.
480 COLUMBIA STREET
SOMERVILLE MA 02143 4444

Lic#: F-2012-219
B.O.A.#: 167684
Fee: \$550.00

Restricted to: 1,500 Gallons Total

Restricted as follows;

FOR ABOVE GROUND WASTE OIL OF 1000 GALS. AND 500 GALS. OF USED GASOLINE
FOR A TOTAL OF 1500. TANKS REMOVED DECEMBER 22, 1980. CALLED LT. VINNIE
MCLAUGHLIN FOR PAPER WORK ON REMOVAL OF TANKS ON NOVEMBER 20, 2001.

Is the holder of the license originally granted 12/04/2000
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00480 -00490 COLUMBIA ST (MUNREG)
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

_____ KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, _____
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: NISSENBAUM'S AUTO PARTS, INC. TEL: 617-776-0194
Company Address: 00480 -00490 COLUMBIA ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___
Gov't Partner
Other

Owner Name: NISSENBAUM'S AUTO PARTS, INC. TEL: 617-776-0194
Owner Address: 480 COLUMBIA STREET

Owner City: SOMERVILLE State: MA Zip: 02143
FID#: 042523815

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner X Occupant _____ Holder _____

Joseph Nissenbaum
Signature of Applicant

480 Columbia St.
Address

SOMERVILLE, MA 02143
City State Zip

** Office Use Only **

Mailed _____
Taken _____

Received: _____

City Clerk

IMPORTANT

#432

REF 532

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 the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: NISSENBAUMS AUTO PARTS INC.
 Somerville Address and Zip Code: 480 COLUMBIA ST 02143
 Phone Number of the Business: 617-776-0194

The Legal Name of the License Holder: NISSENBAUMS AUTO PARTS INC.
 Street Address of the License Holder: 480 COLUMBIA ST
 City, State and Zip Code of the License Holder: SOMERVILLE MA 02143
 Phone Number of the License Holder: 617-776-0194
 Email Address of the License Holder: JOE@NISSENBAUMS.COM

Where We Should Send Mail: Name: JOSEPH NISSENBAUM
 Street Address: 480 COLUMBIA ST
 City, State and Zip Code: SOMERVILLE MA, 02143
 Email: JOE@NISSENBAUMS.COM
 Phone Number: 617-776-0194

Federal ID # (Do Not Give a Social Security #): 042-523-815

Emergency Contact and Phone (For Fire Dept. Use): 617-501-6933

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: JOSEPH NISSENBAUM
 Name of Secretary: JOSEPH NISSENBAUM
 Name of Treasurer: ALLEN NISSENBAUM
 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: Joseph Nissenbaum Date 3/29/12

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.

Joseph Crissenbaum

* Signature of Individual or Corporate Name (Mandatory)

Joseph Crissenbaum

By: Corporate Officer (Mandatory, if a corporation)

042 523 815

** 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: Nissenbaums Auto Parts inc.

Address of taxpayer/applicant's business in Somerville: 480 Columbia St.

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

Taxpayer/applicant's phone: day: 617-776-0194 evening: 617-501-6933

I, (print name) Joseph Nissenbaum, 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 29 day of

MARCH

2017

Joseph Nissenbaum
(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: _____
3712 # 124043001 # 376 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: 

RECEIVED
UBANOWS
3-30-12



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Nissenbaums Auto Parts Inc

address: 480 Columbia St.

city: Somerville state: MA zip: 02143 phone # 617-770-0194

work site location (full address): 480 Columbia St. Somerville

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.) Other
- I am an employer with 7 employees (full & part time).

I am an employer providing workers' compensation for my employees working on this job.

company name: Nissenbaums Auto Parts, Inc

address: 480 Columbia St.

city: Somerville phone #: 617-770-0194

insurance co. CHARTIS WORKS Comp Group policy # W/C 163895 0

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co. _____ policy # _____

Attach additional sheets if necessary

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: Joseph Nissenbaum Date: 3/29/12

Print name: Joseph Nissenbaum Phone #: 617-770-0194

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department Licensing Board

check if immediate response is required Selectmen's Office Health Department Other _____

contact person: _____ phone #: _____

(revised Sept. 2003)