



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Junk Dealer License

DAVID NORRIS III
393 SOMERVILLE AVE #2
SOMERVILLE MA 02143

License #: BL15-001046
File #: 15-822
Fee: 250

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: DAVID NORRIS III Business Location: 62 A SUMMER ST Business Phone: 781-267-4539	
License Holder: DAVID NORRIS III 393 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Mailing Address: DAVID NORRIS III 393 SOMERVILLE AVE #2 SOMERVILLE MA 02143	
Business Type: Sole Proprietor DAVID NORRIS III	
FID: 999999999	
Emergency Contact: KATHLEEN WELLS Phone: 413-210-4417	
Will you operate as a Pawnbroker? No Describe the wares you will primarily purchase: Not yet provided. Describe the wares you will primarily sell: Not yet provided.	

2015 APR 30 1 P 2:29
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased, exchanged, or sold, including a description of the item, the price paid, the date and time of the transaction, and the name, age and residence of the seller/buyer.

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 BOARD OF ALDERMEN.

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

Signature: David N. II Date: 4/23/15

Printed Name: David Norris Phone: 781-267-4539



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Odds + Ends

Address of taxpayer/applicant's business in Somerville: 62A Summer St.

Address of taxpayer/applicant's home in Somerville: 393 Somerville Ave

Taxpayer/applicant's phone: day: 781-267-4539 evening: 781-267-4539

I, (print name) David Norris, 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 23rd day of April, 20 15. David Norris
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

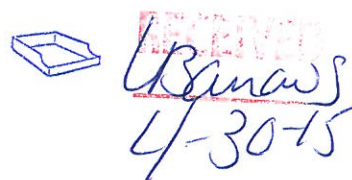
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

14355 # 232035011 # 1138 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



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: David Norris

Address: 393 Somerville Ave

City: Somerville, State: MA Zip: 02143 Phone #: 781-267-4539

☐ I am an employer with _____ 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: _____

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: David Norris Date: 4/23/15

Print Name: David Norris

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

City or Town: _____ Permit/License #: _____

- ☐ Board of Health
☐ Building Department
☐ City/Town Clerk
☐ Licensing Board
☐ Selectmen's Office
☐ Other _____

Contact Person: _____ Phone #: _____