



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE

JOSEPH TALEWSKY & SON INC
517 COLUMBIA ST
SOMERVILLE, MA 02143

License #: 12
Fee: .00
Account ID: 15
Reference #: 12

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: JOSEPH TALEWSKY & SON INC Business Location: 517 COLUMBIA ST Business Phone: 617-628-4691	
License Holder: JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE, MA 02143 617-628-4691	
Mailing Address: JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ALLEN TALEWSKY TREASURER - ALLEN TALEWSKY SECRETARY - CAROLINE TALEWSKY	
FID: 042759048	
Food Manager/Emergency Contact: ALLEN TALEWSKY 978-430-3010	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: Allen Talevsky Date: 11/28/14
Print Name: Allen Talevsky Phone: 617 628 4691



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Joseph Talewsky & Son Inc.

Address of taxpayer/applicant's business in Somerville: 517 Columbia St

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

Taxpayer/applicant's phone: day: 617 628 4691 evening: 978 430 3010

I, (print name) Allen Talewsky, 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 28 day of November, 2014. Allen Talewsky
(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: _____

3810 # 124015001 # 338 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBaraw
12-2-14

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: Joseph Talowsky : Saw Inc
Address: 517 Columbia St.
City: Somerville State: MA Zip: 02143 Phone #:

- ☒ I am an employer with 4 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: Associated Industries of MA.
Address: 54 3RD Ave PO Box 4070
City: Burlington State: MA Zip: 01803 Phone #:
Policy #: VW 600333301203 Expiration Date: 12/31/14

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: Allen Talowsky Date: 11/28/14
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