

APPLICATION FOR A JUNK DEALER LICENSE

2010 MAR 29 A 8:52

Application Fee \$250.00

Date 3-16-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded CITY CLERK'S OFFICE
Amount Paid \$250.00

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: ATLAS METALS INC Phone: 617-666-8440

Business DBA Name (if applicable): SAME

Address with Zip Code: 475 COLUMBIA ST SOMERVILLE 02143

Tax Identification Number: 033-20-6964 Check one: X SSN FEIN

Mailing Name (where we should send correspondence to): 475 COLUMBIA ST SOMERVILLE

Address with Zip Code: 475 COLUMBIA ST SOMERVILLE MA 02143

Property Owner Name: WEISBERG REALTY Phone: 617-666-8440

Address with Zip Code: 475 COLUMBIA ST SOMERVILLE MA 02143

Emergency Contact 1: EDWARD WEISBERG Phone: 781-894-8441

Emergency Contact 2: JOSEPH WEISBERG Phone: 781-861-6653

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Edward Weisberg

Address with Zip Code: 33 Cheryl Lane Meltham 02114

Partner's/Member's/Secretary's Name: Joseph Weisberg

Address with Zip Code: 29 Johnson St Lexington

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Will you lend money on the security of personal property lent to you? _____ Yes No

Will you operate as a pawnbroker? _____ Yes No

Describe your business plan: BUYING SCRAP METAL

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Edward Weisberg Date: 3-16-10

Print Name: EDWARD WEISBERG Phone: 617-666-8460

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: _____ Approved _____ Denied

Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: _____ Approved _____ Denied

Signature: _____ Date: _____

CONDITIONS

1. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

4. _____

Signature of Applicant: _____ Date: _____

**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.

Edward Weisberg

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

033-20-6964

**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: ATLAS METALS INC

Address of taxpayer/applicant's business in Somerville: 475 COLUMBIA ST SOMERVILLE

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

Taxpayer/applicant's phone: day: 617-666-8440 evening: 781-894-8141

I, (print name) EDWARD WEISBERG, 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 15TH day of MARCH, 2010. Edward Weisberg
(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: _____
23705020 # 146010001 # 30056746 ⁰¹²³ # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP:

received
Baron

3-29-10

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: ATLAS METAL FUL
 Address: 475 COLUMBIA ST
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-666-8440

- I am an employer with 3 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other SCRAP METAL RECYCLER

Workers' compensation insurance information (if applicable):

Insurance Company Name: LIBERTY MUTUAL INSURANCE GROUP
 Address: P.O. BOX 9090
 City: DOVER State: NH Zip: 03821-9090 Phone #: 800-653-7893
 Policy #: WC2 BIS 371064 019 Expiration Date: 12-6-2010

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: Joseph M. Weisberg Date: 3-17-2010
 Print Name: JOSEPH M. WEISBERG

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 _____