

**IMPORTANT**

# 588  
REF 852

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: Outdoor Parking  
License Number: #191154  
Business Name: Nissenbaum Auto Parts Inc  
Location: 480 Columbia St  
Spaces: 76  
Special Conditions (if any):

Renewal Fee (Return with this application): \$20 per Space

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAR 30 A 10:53  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The DBA Name of the Business:	<u>Nissenbaum's Auto Parts Inc</u>
Somerville Address and Zip Code:	<u>480 COLUMBIA ST 02143</u>
Phone Number of the Business:	<u>617-625-0000</u>

The Legal Name of the License Holder:	<u>Nissenbaum's Auto Parts Inc</u>
Street Address of the License Holder:	<u>480 COLUMBIA ST</u>
City, State and Zip Code of the License Holder:	<u>SOMERVILLE, MA 02143</u>
Phone Number of the License Holder:	<u>617-625-0000</u>
Email Address of the License Holder:	<u>Joe@Nissenbaums.com</u>

Where We Should Send Mail: Name:	<u>Nissenbaum's Auto Parts Inc</u>
Street Address:	<u>480 COLUMBIA ST</u>
City, State and Zip Code:	<u>SOMERVILLE, MA 02143</u>
Email:	<u>Joe@Nissenbaums.com</u>
Phone Number:	<u>617-625-0000</u>

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

Emergency Contact and Phone (For Fire Dept. Use):	<u>Joe Nissenbaum 781-867-6933</u>
---	------------------------------------

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: Joe Nissanbaum

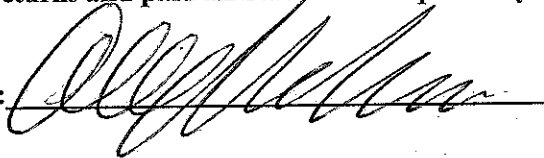
Name of Secretary: Joe Nissanbaum

Name of Treasurer: Allen Nissanbaum

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:  Date 3/29/12



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: NISSAN AUTO PARTS

Address of taxpayer/applicant's business in Somerville: 480 COLUMBIA ST

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

Taxpayer/applicant's phone: day: 617-976-0194 evening: 761-862-6933

I, (print name) ACEV NISSANBAUM, 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, 2012.  
[Signature]  
(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: \_\_\_\_\_

# 3912      # 124043001      # 396      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:  RECEIVED UBarrow 3-30-12

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: NISSENB AUMS AUTO PARTS  
Address: 480 COLUMBIA ST  
City: Somerville State: MA Zip: 02147 Phone #: 617-276-0194  
 I am an employer with 5 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: CHARLES WORKS Comp Group  
Address: 22421 NETWORK PL  
City: Chicago State: IL Zip: 60673 Phone #: 800 645-2259  
Policy #: WC 1638950 Expiration Date: 12/31/12

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: [Signature] Date: 3/22/12  
Print Name: ALLEN NISSENB AUMS

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