



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR 22 P 3: 33

Application to Renew Outdoor Parking License

CITY CLERK'S OFFICE
SOMERVILLE, MA

NISSENBAUM AUTO PARTS INC
480 COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-000852
File #: 15-588
Fee: 1900

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: NISSENBAUM AUTO PARTS INC Business Location: 480 COLUMBIA ST Business Phone: 617-776-0194	
License Holder: NISSENBAUM AUTO PARTS INC 480 COLUMBIA ST SOMERVILLE MA 02143	
Mailing Address: NISSENBAUM AUTO PARTS INC 480 COLUMBIA ST SOMERVILLE MA 02143	
Business Type: Corporation JOE NISSENBAUM ALLEN NISSENBAUM ALLEN NISSENBAUM	
FID: 042523815	
Emergency Contact: JOE NISSENBAUM Phone: 781-862-6933	
# Vehicles to be Stored: 76	

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: _____

Date: _____

Printed Name: _____

Phone: _____

Allen Nissenbaum
Allen Nissenbaum

2-23-16

617-776-0194



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Nissadams Auto Parts Inc

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

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

Taxpayer/applicant's phone: day: 617-776-0104 evening: 781-862-6933

I, (print name) Arden Nissadams, 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 23 day of February, 20 16.
[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: _____

3825 # 124043001 # 357 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

received
Urban
3-22-16

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: Nissan Autos Auto Parts Inc
Address: 480 Columbia St
City: Somerville State: MA Zip: 02143 Phone #: 617-776-0194

- ☒ 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: AZM Mutual Ins Co
Address: 54 Third Ave
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600
Policy #: WWC 60155780215 Expiration Date: 4/29/16

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: 2-22-16
Print Name: ACEX WISSERMAN

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 _____