



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

2015 MAR 31 A 9:52

NIPPON EXPRESS
30 INNER BELT RD
SOMERVILLE MA 02143

CITY CLERK'S OFFICE
SOMERVILLE MA

License #: MA BL15-000639
File #: 15-524
Fee: 550

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: NIPPON EXPRESS Business Location: 30 INNER BELT RD Business Phone: 617-591-8800	
License Holder: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE MA 02143	
Mailing Address: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE MA 02143	
Business Type: Corporation KENJI FUJII NAOYA HAYASHIDA TSUTOMU NAGATANI	
FID: 131971441	
Emergency Contact: JUN YAMAZAKI Phone: 617-591-8800	
Proposed Hours of Operation if outside standard hours: M-F 7:30A-10P SA 7:30A-3P # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: 0 Open to the public? No Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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: _____

3/30/15

Printed Name: _____

JUN YAMAZAKI

Phone: _____

617-591-8800



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: NIPPON EXPRESS USA INC

Address of taxpayer/applicant's business in Somerville: 30 INNER BELT ROAD
SOMERVILLE, MASS. 02143

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

Taxpayer/applicant's phone: day: 617 591 8800 evening: 617 591 8800

I, (print name) JUN YAMAZAKI, 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 30th day of March, 2015.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

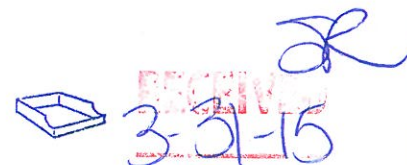
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

8128 # 55160127 # 6416 # _____

NOTES:

CLERK'S INITIALS: JR

ORIGINAL STAMP:



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: NIPPON EXPRESS USA INC
Address: 30 INNER BELT ROAD
City: SOMERVILLE State: MASS. Zip: 02143 Phone #: 617-591-8800
☒ I am an employer with 29 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: AON RISK SERVICE CENTRAL, INC
Address: 200 E. RANDOLPH STREET
City: CHICAGO State: IL Zip: 60601 Phone #: 312-381 3583
Policy #: 3RIF0UB635J448515 Expiration Date: 1/1/2016

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:  Date: 3/31/15
Print Name: JUN YAMAZAKI

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 #: _____