



**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: 550.00  
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: For <b>JOSEPH TALEWSKY &amp; SON INC</b> Business Location: <b>517 COLUMBIA ST</b> Business Phone: <b>617-628-4691</b>	
License Holder: <b>JOSEPH TALEWSKY &amp; SON INC</b> <b>517 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-4691</b>	2012 DEC 11 A 10:22 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: <b>JOSEPH TALEWSKY &amp; SON INC</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ALLEN TALEWSKY</b> <b>TREASURER - ALLEN TALEWSKY</b>	
FID: <b>042759048</b>	
Food Manager/Emergency Contact: <b>ALLEN TALEWSKY</b> <b>978-430-3010</b>	

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: *Auto used for dismantling auto's*

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 Talewsky* Date 12/5/12  
Print Name: Allen Talewsky Phone 617 628 4691

# IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business:	JOSEPH TALEWSKY & SON INC.		
Somerville Address and Zip Code:	517 COLUMBIA STREET		
Phone Number of the Business:	SOMERVILLE, MA 02143	617 625 4691	

JOSEPH TALEWSKY & SON INC.			
The Legal Name of the License Holder:	517 COLUMBIA STREET		
Street Address of the License Holder:	SOMERVILLE, MA 02143		
City, State and Zip Code of the License Holder:	617 625 4691		
Phone Number of the License Holder:			

Where We Should Send Mail: Name:	JOSEPH TALEWSKY & SON INC.		
Street Address:	517 COLUMBIA STREET		
City, State and Zip Code:	SOMERVILLE, MA 02143		

Federal ID # (Do Not Give a Social Security #):	042 759 048
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Emergency Contact and his/her Phone Number:	978 430 3010
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Type of Business (Check Only One and Print the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	_____
<input type="checkbox"/> Partnership (inc. LLP): Name of Partnership:	_____
Names of All Partners Who Own More Than 10%: _____	
<input type="checkbox"/> Trust: Name of Trust:	_____
Names of All Trustees Who Own More Than 10%: _____	
<input checked="" type="checkbox"/> Corporation: Name of Corporation:	JOSEPH TALEWSKY & SON INC.
Name of President:	Allen Talewsky / 517 COLUMBIA STREET
Name of Secretary:	Allen Talewsky / SOMERVILLE, MA 02143
Name of Treasurer:	Allen Talewsky
<input type="checkbox"/> LLC: Name of LLC:	_____
Names of All Managers: _____	
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Allen Talewsky Date: 12/5/12





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

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

Address of taxpayer/applicant's business in Somerville: 512 Columbus St.

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

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

I, (print name) Alvin Tadeuski, 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 5 day of December, 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: \_\_\_\_\_

# 3737      # 124045001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP: 

**RECEIVED**  
Banas  
12-11-12

**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: JOSEPH TALEWSKY & SON INC.  
 Address: 517 COLUMBIA STREET  
 City: SOMERVILLE, MA 02143 State: MA Zip: 02143 Phone #: 617 628-4691

- I am an employer with 4 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  
 We are a nonprofit organization staffed by volunteers and have no employees.  Entertainment  
 We are a nonprofit organization staffed by volunteers and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by volunteers and have no employees.  Health Care  
 We are a nonprofit organization staffed by volunteers and have no employees.  Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Associated Industries of MASS  
 Address: 51 Third Ave P.O. Box 4070  
 City: Burlington State: MA Zip: 01803 Phone #: \_\_\_\_\_  
 Policy #: UWC 600333301 2012 Expiration Date: 1/1/13

**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: 12/5/12  
 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 \_\_\_\_\_