



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

Application to Renew Used Car Dealer License

WEISBERG, EDWARD
33 CHERYL LANE
WALTHAM MA 02541

License #: BL15-000007
File #: 15-8
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: ED'S USED AUTO PARTS Business Location: 516 COLUMBIA ST Business Phone: 617-666-8440	
License Holder: WEISBERG, EDWARD 33 CHERYL LANE WALTHAM MA 02541	JOSEPH WEISBERG 29 JUSTIN ST. LEXINGTON, MA 02420
Mailing Address: WEISBERG, EDWARD 33 CHERYL LANE WALTHAM MA 02541	
Business Type: Partnership / LLP EDWARD WEISBERG JOSEPH WEISBERG	
FID: 999999999	
Emergency Contact: JOSEPH WEISBERG Phone: 781-861-6653	
Dealership Class: Class 3 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours: not applicable	NOTE: EDWARD WEISBERG IS ILL AND IS UP IN AGE.

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: Joseph M. Weisberg Date: 10-27-2015
Printed Name: JOSEPH M. WEISBERG Phone: 617 666 8440



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ED'S USED AUTO PARTS

Address of taxpayer/applicant's business in Somerville: 516 COLUMBIA ST.

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

Taxpayer/applicant's phone: day: 617-666-8440 evening: 781 861 6653

I, (print name) JOSEPH M. 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 27TH day of OCTOBER, 2015. Joseph M. 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: _____

3836 # N/A # _____ # ✓

NOTES:

CLERK'S INITIALS: EB

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: JOSEPH M. WEISBERG
Address: 29 JUSTIN ST.
City: LEXINGTON State: MA Zip: 02420 Phone #: 617 666 8440

- ☐ I am an employer with _____ 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 AUTO RECYCLER

Workers' compensation insurance information (if applicable):

Insurance Company Name: LM INSURANCE CORPORATION
Address: PO BOX 9525
City: MANCHESTER State: NH Zip: 03108 Phone #: 800 562 3936
Policy #: WC 5-315-371064-015 Expiration Date: 12-06-2016

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: Joseph M. Weisberg Date: 10-27-2015
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 _____