

IMPORTANT

#585
REF 703

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: Junk Dealer
License Number: #191150
Business Name: All Checks Cashed Inc
Location: 12 Union Sq
Merchandise: Gold
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: All Checks Cashed, Inc.
Somerville Address and Zip Code: 12 Union Sq., Somerville 02145
Phone Number of the Business: (617) 6666-1011

The Legal Name of the License Holder: All Checks Cashed, Inc. / Idalia Flores
Street Address of the License Holder: 12 Union Sq.
City, State and Zip Code of the License Holder: Somerville, MA 02145
Phone Number of the License Holder: (617) 592-1010
Email Address of the License Holder: iflores@allchecks-cashed.co

Where We Should Send Mail: Name: All Checks Cashed, Inc.
Street Address: 595 Washington St
City, State and Zip Code: Dorchester, MA 02124
Email: iflores@allchecks-cashed.co
Phone Number: (617) 592-1010

Federal ID # (Do Not Give a Social Security #): 04-3174450

Emergency Contact and Phone (For Fire Dept. Use): (617) 592-1010 Idalia Flores

-OVER-

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%: Richard Barr;
Michael Levitt

☐ Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Richard Barr

Name of Secretary: Michael Levitt

Name of Treasurer: Michael Levitt

☐ 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: All Checks Cashed, Inc.

Address of taxpayer/applicant's business in Somerville: 12 Union Sq. Somerville, MA 02145

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

Taxpayer/applicant's phone: day: (617) 592-1010 evening: (617) 592-1010

I, (print name) Idalia Flores, 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: _____

14884 # 123078011 # 1239 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

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: All Checks Cashed, Inc
Address: 12 Union Square
City: Somerville State: MA Zip: 02145 Phone #: (617) 666-1011

- ☒ I am an employer with 02 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 check cashing

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: 10 Corporate Drive, Suite 100
City: Bedford State: NH Zip: 03110 Phone #: (800) 762-5026
Policy #: WC 1-315-371613-019 Expiration Date: 2/28/13

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.

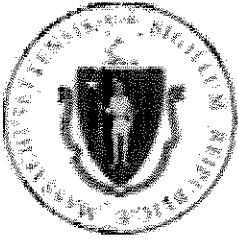
Signature: [Signature] Date: 3/29/12
Print Name: Idalia Flores

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 _____



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

ALL CHECKS CASHED, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: ALL CHECKS CASHED, INC.

Merged with CHECK CASHING PLACE, INC., THE on 1/15/2002

Entity Type: Domestic Profit Corporation

Identification Number: 043174450

Old Federal Employer Identification Number (Old FEIN): 000413291

Date of Organization in Massachusetts: 12/08/1992

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 00 / 00

The location of its principal office:

No. and Street: 595 WASHINGTON ST.
City or Town: DORCHESTER State: MA Zip: 02124 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: IDALIA FLORES
No. and Street: 595 WASHINGTON ST.,
City or Town: DORCHESTER State: MA Zip: 02124 Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	RICHARD A BARR	85 HIBBARD RD. WINNETKA, IL 60093 USA	12/31/2004
TREASURER	MICHAEL LEVITT	2230 W. PALMER CHICAGO, IL 60647 USA	12/31/2004
SECRETARY	MICHAEL LEVITT	2230 W. PALMER CHICAGO, IL 60647 USA	12/31/2004
VICE PRESIDENT	ROBERT F MASUGA	1227 W WINNEMAC CHICAGO, IL 60640 USA	12/31/2004