

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date

3/28/2011

2011 MAR 31 P 12:26
FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

CITY CLERK'S OFFICE
SOMERVILLE, MA

\$250.00

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: All Checks Cashed, Inc. Phone: (617) 666-1011

Applicant's Address (with Zip Code): 12 Union Sq., Somerville, MA 02145

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 04-3174450

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): All Checks Cashed, Inc.

Mailing Address (with Zip Code): 595 Washington St., Dorchester, MA 02124

Emergency Contact: Idalia Flores Phone: (617) 592-1010

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Richard A. Barr

Address with Zip Code: 85 Hibbard Rd, Winnetka, IL 60093

Partner's/Member's/Secretary's Name: Michael Levitt

Address with Zip Code: 2230 W. Palmer, Chicago, IL 60647

Partner's/Member's/Treasurer's Name: Michael Levitt

Address with Zip Code: 2230 W. Palmer, Chicago, IL 60647

Will you lend money on the security of personal property lent to you? ☐ Yes ☒ No

Will you operate as a pawnbroker? ☐ Yes ☒ No

Describe your business plan: purchase of gold

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Idalia Flores Date: 3/28/11

Print Name: Idalia Flores Phone: (617) 282-4580
(617) 592-1010

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ☐ Approved ☐ Denied

Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: ☐ Approved ☐ Denied

Signature: _____ Date: _____

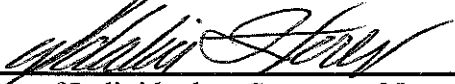
CONDITIONS

1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3. _____
Signature of Applicant: Idalia Flores Date: 3/28/11

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)

Vice - President

By: Corporate Officer (Mandatory, if a corporation)

04-3174450

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: All checks Cashed, Inc.

Address of taxpayer/applicant's business in Somerville: 11 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 28 day of

March, 20 11. [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: _____

02073010 # 123078011 # 30051985 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: Received
10-31-11

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

- ☒ I am an employer with 62 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 check cashing

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: 10 Corporate Drive, Suite 100
City: Bedford State: MA Zip: 03110 Phone #: (800) 762-5026
Policy #: WC1-315-371613-019 Expiration Date: 2/8/2012

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: 3/28/11
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 _____