

## APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

2010 JUL 12 P 12:07

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7/12/2010

Date 06-16-2010

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Amount Paid \$250-

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: Delta jewelry & Refining Phone: 617-840-2730

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 90 Highland AVE Somerville MA 02413

Tax Identification Number: 27-2753680 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: 90 Highland AVE Somerville MA 02413

Property Owner Name: Dean Investment Trust Phone: 617 628 7676

Address with Zip Code: 691 Somerville Ave, Somerville MA 02143

Emergency Contact 1: dilit Petrosyan Phone: 617 840 2718

Emergency Contact 2: Victor Torosyan Phone: 781-354-3555

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: Argam Hambardzumyan

Address with Zip Code: 3 Greenville rd Woburn MA 02472

Partner's/Member's/Secretary's Name: same

Address with Zip Code: same

Partner's/Member's/Treasurer's Name: same

Address with Zip Code: same

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: Delta jewelry & Refining will be  
retail jewelry store and cash for gold,  
silver also jewelry and watch repair.

#### 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: [Signature] Date: 06.16.2010

Print Name: Argam Hambardzumyan Phone: 617 840 2730

#### 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: [Signature] Date: 7-9-10

#### POLICE DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 6/21/2010

#### CONDITIONS

1. ~~I certify that I am a citizen of the United States.~~ JS
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.
4. \_\_\_\_\_

Signature of Applicant: [Signature] Date: 07.12.2010

**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.

Delta Jewelry & Refining  
\*Signature of Individual or Corporate Name (Mandatory)

Argam Hambardumyan ~~Attorney~~ president  
By: Corporate Officer (Mandatory, if a corporation)

27-2753680  
\*\*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: Dean Investment Trust

X Address of taxpayer/applicant's business in Somerville: 90 Highland AVE

Address of taxpayer/applicant's home in Somerville: 691 Somerville Ave

Taxpayer/applicant's phone: day: 617 6287676 evening: \_\_\_\_\_

I, (print name) Garric REILLY, TRUSTEE 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 22 day of June, 2010. Garric Reilly, Trustee  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

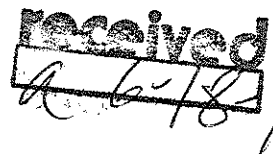
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 19643170 # 22903700 # 16 Acc H # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: CA

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: Argam Hambardzumyan  
Address: 3 Greenville rd  
City: Watertown State: MA Zip: 02472 Phone #: 617 840 2730

- ☐ 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 \_\_\_\_\_

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

Insurance Company Name: not aplicable  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: Argam Hambardzumyan Date: 07.12.2010  
Print Name: Argam Hambardzumyan

**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 \_\_\_\_\_