



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE

**WEISBERG, EDWARD
ED'S USED AUTO PARTS
33 CHERYL LANE
WALTHAM, MA 02541**

License #: 7
Fee: .00
Account ID: 8
Reference #: 7

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 ED'S USED AUTO PARTS 33 CHERYL LANE WALTHAM, MA 02541 617-666-8440	
Mailing Address: WEISBERG, EDWARD ED'S USED AUTO PARTS 33 CHERYL LANE WALTHAM, MA 02541	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - EDWARD WEISBERG	<i>add Joseph M Weisberg, Partner</i>
FID: 999999999	
Food Manager/Emergency Contact: JOSEPH WEISBERG 781-861-6653	

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:

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: *Edward Weisberg* Date _____
Print Name: *Edward Weisberg* Phone _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: 516-518 Columbia

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), 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 _____ day of

_____, 20____. _____
(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: _____

3809 # NIA # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Baron
10-23-14

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: ED'S USED AUTO PARTS
Address: 461 Columbia St
City: Somerville State: MA Zip: 02143 Phone #: 617-666-8660

- I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
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: Edward W. W... Date: _____
Print Name: EDWARD W. W...

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 _____