

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE

License #:

13

JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE, MA 02143

Fee:

550.00

Account ID:

16

Reference #:

13

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: For JOSEPH TALEWSKY & SON INC Business Location: 512 COLUMBIA ST Business Phone: 617-628-4691		
License Holder: JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE, MA 02143 617-628-4691	701 C1	
Mailing Address: JOSEPH TALEWSKY & SON INC SOMERVILLE, MA 02143	DEC I	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ALLEN TALEWSKY TREASURER - ALLEN TALEWSKY	A 10: 2	
FID: 042759048		
Food Manager/Emergency Contact: ALLEN TALEWSKY 978-430-3010		
Conditions (to show a series of the series o		

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:	An Empty Lot e	+ 512 Columbia 51		
is-d for the	backers of i	ayeling Automis. L.s.		
I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.				
Signature: When believed	Date	12/9/12		
Print Name: Aller Talous V	Phone	6176284691		

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Joseph Talusky of sow the		
Somerville Address and Zip Code: 512 Columbia 57		
Phone Number of the Business: Somewife Man 22143		
Priorie Number of the Business.		
The Legal Name of the License Holder:		
Street Address of the License Holder: 9 cmy as a solution		
City, State and Zip Code of the License Holder:		
Phone Number of the License Holder:		
Where We Should Send Mail: Name: JOSEPH TALEWSKY & SON INC.		
Street Address: 517 COLUMBIA STREET		
City, State and Zip Code: SOMERVILLE, MA 02143		
Federal ID # (Do Not Give a Social Security #): 0 12 759 618		
Federal ID # (Do Not Give a Social Security #): 0 17 199 618		
Emergency Contact and his/her Phone Number: 978 430 3010		
Type of Business (Check Only One and Print the Names Indicated):		
Sole Proprietor: Name of Owner:		
Partnership (inc. LLP): Name of Partnership:		
Names of All Partners Who Own More Than 10%:		
Trust: Name of Trust:		
Names of All Trustees Who Own More Than 10%:		
Corporation: Name of Corporation: 547 COLUMN SON INC.		
Name of President: Alles Tolored STREET		
Name of Secretary: Allertal SOMERVILLE MAP 2143 Allertal Value of Treasurer 2143		
LLC: Name of LLC:		
Names of All Managers:		
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
- -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Date 12/5/12



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/app	olicant's business:	Joseph Taluusky	dsowIm	
Address of taxpayer/applicant's business in Somerville: 517 Columbia 51.				
Address of taxpayer/applicant's home in Somerville:				
Taxpayer/applicant's phone: day: 617628464 evening: 978430 3010				
I, (print name) Allen Takes, 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 _5 day of				
December		(Taxpayer's signatur	e)	
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:	
#00022308 NOTES:3740	#	# 381	#	
CLERK'S INITIALS: _	us	ORIGINAL STAMP:	RECEIVED	
			12-11-12	

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: JOSEPH TALEWSKY & SON INC.
Address: 517 COLUMBIA STREET
City: State: Phone #:
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: ASSOCiated Industrys of Mil.
Address: 54 Thing Ave P. O. Rox 4070
City: Burlow tow State: MA Zip: 01803 Phone #:
Policy #: Expiration Date: 1113
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:
Print Name: Alle a Tales Sty
ors it is a standard to the great To be completed by city or town official
Official use only. Do not write in this area. To be completed by city or town official. City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other

(revised Jan. 2008)