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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. 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: 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**	
Mailing Address: **JOSEPH TALEWSKY & SON INC** **SOMERVILLE, MA 02143**	
Business Type: **CORPORATION (INC. LLC)** **PRESIDENT - ALLEN TALEWSKY** **TREASURER - ALLEN TALEWSKY**	
FID: **042759048**	
Food Manager/Emergency Contact: **ALLEN TALEWSKY** **978-430-3010**	

2012 DEC 11 A 10:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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 at 512 Columbia St used for the purposes of repairing Automobiles.

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: _____ Date 12/5/12

Print Name: Allen Talewsky Phone 617 628-4691

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 Talewsky & Son Inc
Somerville Address and Zip Code: 512 Columbia St.
Phone Number of the Business: Somerville MA. 02143

The Legal Name of the License Holder:
Street Address of the License Holder: Same as above
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 #): 042 754 048

Emergency Contact and his/her Phone Number: 978 430 3910

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: JOSEPH TALEWSKY & SON INC.
517 COLUMBIA STREET
SOMERVILLE, MA 02143
Name of President: Alla Talewsky
Name of Secretary: Alla Talewsky Name of Treasurer: Alla Talewsky

___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: Alla Talewsky **Date** 12/5/12

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Joseph Takewsky & Son Inc

Address of taxpayer/applicant's business in Somerville: 517 Columbia St.

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

Taxpayer/applicant's phone: day: 6176285691 evening: 978 430 3010

I, (print name) Alley Takewsky, 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, 2012. _____
(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: ___
#00022308	# _____	# 381	# _____

NOTES: 3740

CLERK'S INITIALS: LB **ORIGINAL STAMP:** RECEIVED LBarcos 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: SOMERVILLE, MA 02143 State: Zip: Phone #:

- [x] I am an employer with 4 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: Associated Industrys of MA.

Address: 5Y Third Ave P.O. Box 4070

City: Burlington State: MA Zip: 01803 Phone #:

Policy #: Expiration Date: 1/1/13

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: Date: 12/5/12

Print Name: Allen Talewsky

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*
- [ ] *Other*

Contact Person: *Phone #:*

(revised Jan. 2008)