

APPLICATION FOR A JUNK DEALER LICENSE

2011 APR 21 A 10:21

Application Fee \$250.00

Date 4/21/2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$250.00
CITY CLERK'S OFFICE
SOMERVILLE, MA

- New Application
[X] Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Applicant's Legal Name: Edimar Louzada Phone: 617-895-8129
Applicant's Address (with Zip Code): 12 Knollwood Rd Medford MA 02155
Applicant's Email Address: Eddie171@yahoo.com/SunshineLucyJen@gmail.com
Applicant's Federal Employer Identification Number: 561-840-252
Business DBA Name (if applicable): Sunshine Lucy's
Business Location (with Zip Code): 93 Holland Street Somerville, MA 02144
Mailing Name (where we should send correspondence to): same as above
Mailing Address (with Zip Code): same as above
Emergency Contact: Lucy Wilson (wife) Phone: 617-461-3324

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] 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: Edimar Louzada
Address with Zip Code: 12 Knollwood Rd Medford MA 02155
Partner's/Member's/Secretary's Name: Lucy Wilson
Address with Zip Code: 12 Knollwood Rd Medford MA 02155
Partner's/Member's/Treasurer's Name:
Address with Zip Code:

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: Purchasing used furniture, fixing, painting, altering
or not altering said furniture and reselling it to the public.

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: X Edimar Louzada Date: 4/21/2011

Print Name: Edimar Louzada Phone: 617-895-8129

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: Edimar Louzada Date: 4/21/11

**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.

~~Sandrine Lacy's~~ Eddie LU Inc.

*Signature of Individual or Corporate Name (Mandatory)

n Regulation Secretary

By: Corporate Officer (Mandatory, if a corporation)

n ~~501-840-252~~ 45 180 110 7

**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: Sunshine Lucy's

Address of taxpayer/applicant's business in Somerville: 89-93 Holland Street Somerville, MA 0214

~ Address of taxpayer/applicant's home in Somerville: ~~Helford, MA~~

Taxpayer/applicant's phone: day: 617-895-8129 evening: same

I, (print name) Edmir Lauzada, 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 21st day of April, 20 11. X
(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: _____
11350040 # 326011001 # 32011114 # _____

NOTES:

CLERK'S INITIALS: ke

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: Edimar Louzada
 Address: Sunshine Lucy's 93 Holland Street
 City: Somerville State: MA Zip: 02144 Phone #: 617-776-2011

- | | |
|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input checked="" type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Other <u>New and used furniture</u> |
|--|---|

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: _____ Date: _____
 Print Name: Edimar Louzada

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

(revised Jan. 2008)