

IMPORTANT

#588
REF 705

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Junk Dealer
License Number: #191146
Business Name: Nissenbaum Auto Parts Inc
Location: 480 Columbia St
Merchandise: Scrap
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>NISSENBAUMS AUTO PARTS INC</u>
Somerville Address and Zip Code:	<u>480 COLUMBIA ST 02143</u>
Phone Number of the Business:	<u>617-776-0194</u>

The Legal Name of the License Holder:	<u>NISSENBAUMS AUTO PARTS INC</u>
Street Address of the License Holder:	<u>480 COLUMBIA ST. 02143</u>
City, State and Zip Code of the License Holder:	<u>SOMERVILLE, MA. 02143</u>
Phone Number of the License Holder:	<u>617-776-0194</u>
Email Address of the License Holder:	<u>JOE @ NISSENBAUMS.COM</u>

Where We Should Send Mail: Name:	<u>NISSENBAUMS AUTO PARTS INC</u>
Street Address:	<u>480 COLUMBIA ST.</u>
City, State and Zip Code:	<u>SOMERVILLE, MA 02143</u>
Email:	<u>JOE @ NISSENBAUMS.COM</u>
Phone Number:	<u>617-776-0194</u>

Federal ID # (Do Not Give a Social Security #):	<u>042523815</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>JOE NISSENBAUM 781-862-6933</u>
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CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 30 A 10:53

Type of Business (Check Only One and Give the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: Joe NISSERBAUM

Name of Secretary: Joe NISSERBAUM

Name of Treasurer: Allen NISSERBAUM

 Other (Attach a Description of the Form of Ownership and the Names of 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 Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____



Date _____

3/29/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Passeramas Auto PARTS Inc

Address of taxpayer/applicant's business in Somerville: 480 Columbia St.

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

Taxpayer/applicant's phone: day: 617-625-0000 evening: 961-862-6933

I, (print name) Allen Dissabian, 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 29 day of March, 2004.
[Signature]
(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: _____

3712 # 124043001 # 376 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: _____

 RECEIVED
UB and
3-30-04

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: Dressmans Auto Parts Inc
 Address: 480 Columbia St.
 City: Somerville State: MA Zip: 02143 Phone #: 617-625-0000

I am an employer with 5 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: CHARIS WORKS Comp Group
 Address: 22427 NETWORK DR
 City: Chicago State: ILL Zip: 60673 Phone #: 800 645-2255
 Policy #: WC 1638950 Expiration Date: 12/31/12

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: [Signature] Date: 3/29/12
 Print Name: ALLEN NISSER-GODDARD

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 _____