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 <u>fill out all six boxes below</u> with the correct information so we can update our records, and <u>return all of the pages with your fee</u> to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

5600 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):
Special Conditions (if any):
Renewal Fee (Return with this application): \$250
PLEASE FILL IN ALL SIX BOXES BELOW:
The DBA Name of the Business: Nisseaus Aug PARTS Zwo 5
Somerville Address and Zip Code: 480 Columbus 57 02143
Phone Number of the Business: 617 - 776-0194
The Legal Name of the License Holder: Nissab sums Acto PARTS INC
Street Address of the License Holder: 480 Columbia 57. 02143
City, State and Zip Code of the License Holder: Somecune, MA. 02143
Phone Number of the License Holder: 617_976-0194
Email Address of the License Holder: Toe ONissens Aums. Com
Where We Should Send Mail: Name: Nos Enlams Auto PAus Inc
Street Address: 480 Columbia ST
City, State and Zip Code: Somerville, FNA 02143
Email: Joe Car Wissonbains. Com
Phone Number: 60- 226-0124
Fodoral ID # (Do Not Give a Social Security #), A42 533 0,5

Federal ID # (Do Not Give a Social Security #): 042 523 815

Emergency Contact and Phone (For Fire Dept. Use): Jse NissenbAccom 781-861-6933

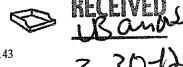
Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (inc. LLC): Name of President: Tee Nossenbaria
Name of Secretary: The Vissenbaum
Name of Treasurer: Allen Noss Enbarn
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 accurateAny 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/app	olicant's business:	Proservans A	Was PARTS In
Address of taxpayer/applica	ant's business in Some	erville: <u>480 Col su</u>	514 57
Address of taxpayer/applica	ant's home in Somerv	ille:	
Taxpayer/applicant's phone	e: day: 617-615-000	evening:	7-862-6933
I, (print name) Access hereby certify that all the is due the City have been pai and fees and is current on s	d or that the Taxpaye	, the unde herein is true and corre r has entered into an ag	ersigned Taxpayer, do ect and all taxes and fees greement to pay all taxes
SIGNED UNDER THE P	AINS AND PENALT	TIES OF PERJURY, th	nis day of
MARCA	, 20 <i>0</i> \(\begin{aligned}	(Taxpayor s	Mar
		(Táxpayər ş	signature)
	CITY'S ACKNO	WLEDGEMENT	
DATE OF ISSUANCE: _	INCLU	DES RELEVANT POSTINGS T	HROUGH:
TAXES AND ACCOUNT	NUMBER(S) INCL	UDED IN CERTIFIC	ATE:
☐ Real Estate	□Water/Sewer	☐ Personal Propert	y 🗆 Other:
# 37/2	# 124643001	# 376	<u>#</u>
NOTES: CLERK'S INITIALS: _	US	ORIGINAL STAN	л Р:



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: Dessendams AUD DADIS Inn
Address: 480 Columbar ST.
City: Someth State: MA Zip: 02 (43 Phone #: 617-625 0000
I am an employer with 5 employees Business Type: (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 Other
Workers compensation insurance information (if applicable):
Insurance Company Name: CHARTIS WORS Comp Group
Address: 22427 NETKERY DZ
City: Chargo State: ILL Zip: 6067.3 Phone #: 806 645-2251
Policy #: UC 1638956 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:
Print Name: Action Nossen Johnn
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 #: Office completed by city or town office.
Contact Person: Phone #: Selectmen's Office Other Other