



## CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

### Application to Renew ~~Junk Dealer~~ License

**ATLAS METALS INC**  
**475 COLUMBIA ST**  
**SOMERVILLE MA 02143**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**License #:** BL15-000053  
**File #:** 15-60  
**Fee:** 250

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)
<b>Business/DBA Name:</b> ATLAS METALS INC <b>Business Location:</b> 475 COLUMBIA ST <b>Business Phone:</b> 617-666-8440	
<b>License Holder:</b> ATLAS METALS INC 475 COLUMBIA ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> ATLAS METALS INC 475 COLUMBIA ST SOMERVILLE MA 02143	
<b>Business Type:</b> Sole Proprietor	
<b>FID:</b> 043172975	
<b>Emergency Contact:</b> JOSEPH WEISBERG <b>Phone:</b> 781-861-6653	
<b>Will you operate as a Pawnbroker?</b> No <b>Describe the wares you will primarily purchase:</b> Not yet provided. <b>Describe the wares you will primarily sell:</b> Not yet provided. Scrap	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased, exchanged, or sold, including a description of the item, the price paid, the date and time of the transaction, and the name, age and residence of the seller/buyer.

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: Joseph M. Weisberg Date: 3-22-2015

Printed Name: JOSEPH M. WEISBERG Phone: 617 666 8440



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: ATLAS METALS INC.

Address of taxpayer/applicant's business in Somerville: 475 COLUMBIA ST.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-666-8440 evening: 781 861 6653

I, (print name) JOSEPH M. WEISBERG, 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 22<sup>nd</sup> day of MARCH, 2015. Joseph M. Weisberg  
(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: \_\_\_\_\_

# 3199 # 146610001 # 475 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:

SR  
3-25-15

*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: ATLAS METALS INC.  
Address: 475 COLUMBIA ST.  
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617 666 8440

- ☐ I am an employer with \_\_\_\_\_ 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 SCRAP METAL RECYCLER

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: L.M. INSURANCE CORPORATION  
Address: P.O. BOX 9525  
City: MANCHESTER State: N.H. Zip: 03108 Phone #: 800 562 3936  
Policy #: WC5-315-371064-014 Expiration Date: 12-6-2015

**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: Joseph M. Weisberg Date: 3-22-2015  
Print Name: JOSEPH M. WEISBERG

*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 \_\_\_\_\_