



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2015 APR -1 P 12:08  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

### Application to Renew Junk Dealer License

**JOSEPH TALEWSKY ENTERPRISE INC**  
**508 COLUMBIA ST**  
**SOMERVILLE MA 02143**

**License #:** BL15-000059  
**File #:** 15-68  
**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> JOSEPH TALEWSKY ENTERPRISE INC<br><b>Business Location:</b> 508 COLUMBIA ST<br><b>Business Phone:</b> 617-628-4691  |  |
| <b>License Holder:</b> JOSEPH TALEWSKY ENTERPRISE INC<br>508 COLUMBIA ST<br>SOMERVILLE MA 02143   |  |
| <b>Mailing Address:</b> JOSEPH TALEWSKY ENTERPRISE INC<br>508 COLUMBIA ST<br>SOMERVILLE MA 02143  |  |
| <b>Business Type:</b> Corporation<br>ALLEN TALEWSKY<br>ALLEN TALEWSKY<br>ROBERT TATEL   |  |
| <b>FID:</b> 043212149   |  |
| <b>Emergency Contact:</b> ALLEN TALEWSKY<br><b>Phone:</b> 978-430-3010  |  |
| <b>Will you operate as a Pawnbroker?</b> No<br><b>Describe the wares you will primarily purchase:</b> Not yet provided.<br><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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Joseph Talowsky Enterprise LLC

Address of taxpayer/applicant's business in Somerville: 508 Columbia St.

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

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

I, (print name) Allen Talowsky, 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 25 day of March, 2015. Allen Talowsky  
(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: \_\_\_\_\_

# 3806 # 146008001 # 337 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

[Signature]  
 4-1-15

**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: Joseph Talerisky Enterprise Inc  
Address: 508 Columbia St.  
City: Somerville State: MA Zip: 02143 Phone #: 978 430 3010

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time).                                     | Business Type: <input type="checkbox"/> Retail                         |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Nonprofit                                     |
|  | <input type="checkbox"/> Entertainment                                 |
|  | <input type="checkbox"/> Manufacturing                                 |
|  | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other <u>scrap recycling</u>                  |

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

Insurance Company Name: The Traveler Ins Co.  
Address: 10 Box 1450  
City: Middleboro State: MA Zip: 02344 Phone #: \_\_\_\_\_  
Policy #: 7 PJUB 4566 Pgy -4-15 Expiration Date: 3-5-16

**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: Allen Talerisky Date: 3/25/15  
Print Name: Allen Talerisky

**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  |
|                       |                         | <input type="checkbox"/> Other _____         |
| Contact Person: _____ | Phone #: _____          |  |