

# APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 3/20/10

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded 3/21/10 -MS  
Amount Paid \$250.00 ck# 7744

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2010 MAR 24 A 8:08

Business Name: Joseph Talowsky Enterprise Inc. Phone: 617 625 4691

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 508 Columbia St. 02143

Tax Identification Number: 043212149 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): Joseph Talowsky Enterprise Inc.

Address with Zip Code: 508 Columbia St. Somerville 02143

Property Owner Name: Allen Talowsky Phone: 978 430 3010

Address with Zip Code: 4 Wildwood Dr Peasody MA 01960

Emergency Contact 1: Allen Talowsky Phone: 978 430 3010

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 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: Allen Talowsky  
Address with Zip Code: 4 Wildwood Dr Peasody MA 01960

Partner's/Member's/Secretary's Name: same as above  
Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: same as above  
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: To buy + sell recycled material

**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: *Allen Tadevosyan* Date: 3/20/10

Print Name: Allen Tadevosyan Phone: 978 4303010

**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. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.
4. \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Talovsky Enterprise

\*Signature of Individual or Corporate Name (Mandatory)

Art Talovsky

By: Corporate Officer (Mandatory, if a corporation)

08 32 12149

\*\*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: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: **TALEWSKY ENTERPRISES, INC.  
508 COLUMBIA STREET  
SOMERVILLE, MA 02143**

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

Taxpayer/applicant's phone: day: (617) 617-2546 evening: 978-430-3010

I, (print name) Allen Talewsky, 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 20th day of March, 2010. [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: \_\_\_\_\_

# 01007185      # 010071      # 08890032      # \_\_\_\_\_  
146008001

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received  
[Signature]

3-23-10

**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: Talowsky Enterprise Inc  
 Address: 505 Columbia St.  
 City: Somerville State: MA Zip: 02143 Phone #: 6176284694

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time).                                     | <b>Business Type:</b> <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 _____                                   |

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

Insurance Company Name: The Traveler Ins Co.  
 Address: P.O. Box 1450  
 City: Middleboro State: MA Zip: 02344 Phone #: \_\_\_\_\_  
 Policy #: 7PJUB-0204 N66-270 Expiration Date: 3-5-11

**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 Talowsky Date: 3/20/10  
 Print Name: Allen Talowsky

*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 #: \_\_\_\_\_

<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 _____