



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE**

**JOSEPH TALEWSKY & SON INC**  
517 COLUMBIA ST  
SOMERVILLE, MA 02143

License #: 13

Fee: .00

Account ID: 16

Reference #: 13

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)
Business/DBA Name: <b>JOSEPH TALEWSKY &amp; SON INC</b> Business Location: <b>512 COLUMBIA ST</b> Business Phone: <b>617-628-4691</b>	
License Holder: <b>JOSEPH TALEWSKY &amp; SON INC</b> <b>517 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-4691</b>	
Mailing Address: <b>JOSEPH TALEWSKY &amp; SON INC</b> <b>517 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ALLEN TALEWSKY</b> <b>TREASURER - ALLEN TALEWSKY</b> <b>SECRETARY - CAROLINE TALEWSKY</b>	
FID: <b>042759048</b>	
Food Manager/Emergency Contact: <b>ALLEN TALEWSKY</b> <b>978-430-3010</b>	

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

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: Allen Talewsky Date 11/27/14  
Print Name: Allen Talewsky Phone 6176284691



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Joseph Talarczyk & Son Inc

Address of taxpayer/applicant's business in Somerville: 512 Columbia St.

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

Taxpayer/applicant's phone: day: 617 625 4691 evening: 978 430 3010

I, (print name) Alex Talarczyk, 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 28 day of November, 2014. Alex Talarczyk  
(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: \_\_\_\_\_

# 3810      # 124045001      # 3807      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED  
UB  
12-2-14

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: Joseph Taborsky & son Jr.  
Address: 517 Columbia St.  
City: Sampville State: MA Zip: 02143 Phone #: 617 628 4691

- I am an employer with 4 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 recycling

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

Insurance Company Name: Associated Industry of MA  
Address: 54 3RD AVE PO Box 4070  
City: Burlington State: MA Zip: 01803 Phone #: \_\_\_\_\_  
Policy #: VWC600333301203 Expiration Date: 12/31/14

**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 Taborsky Date: 11/28/14

Print Name: Allen Taborsky

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 \_\_\_\_\_