



**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 #: 12
Fee: 550.00
Account ID: 15
Reference #: 12

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

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: 12/1/13
Print Name: Allen Talewsky Phone: 617 628 4691

CITY CLERK'S OFFICE
SOMERVILLE, MA
013 DEC -3 A 9:12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 517 Columbia St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617 628 4691 evening: 978 430 3010

I, (print name) Allyn Taborsky, 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 3 day of

December, 2013. [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: _____

3784 # N/A # 349 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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 Talawsky & Son Inc
Address: 517 Columbia St
City: Somerville State: MA Zip: 02147 Phone #: 617 628 4691

- I am an employer with 9 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Industries of MASS
Address: 54 3rd Ave
City: Burlington State: MA Zip: 01803 Phone #: 781-648 2661
Policy #: VWC 6003333012013 Expiration Date: 1/1/14

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 Talawsky Date: 12/1/13
Print Name: Allen Talawsky

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 _____