

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 4/9/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/20/11 -MS
Amount Paid \$250.00 ck #28

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

Business Name: Eddie's Furniture Phone: 617 666 1457

Business DBA Name (if applicable): Edimar Louzada d/b/a

Address with Zip Code: 95A Elm St Somerville MA 02144

Tax Identification Number: • Check one: SSN FEIN

Mailing Name (where we should send correspondence to): same

Address with Zip Code: _____

Property Owner Name: Joseph Benart Phone: 617 666 1400

Address with Zip Code: 95A Elm St Somerville MA 02144

Emergency Contact 1: Eddie Louzada Phone: 617 895 8129 (cell)

Emergency Contact 2: Lucy Wilson Louzada Phone: 617 461-3324 (cell)

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: Edimar Louzada

Address with Zip Code: 12 Knollwood Rd Medford MA 02155

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2010 APR 22 A 8:56
CITY CLERK'S OFFICE
200 NORTH ST. MA

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: SELLING USED FURNITURE ETC.

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: Edimar Louzada Date: 4/9/10

Print Name: Edimar Louzada Phone: 617 666 1457

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: Edimar Louzada Date: 4/9/10

**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.

Edimar Louzada

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

• 564-840-252

**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.

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: Eddie's Furniture
Address: 95A Elm Street
City: Somerville State: MA Zip: 02144 Phone #: 617 666 1457

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Edimar Louzada Date: 4/9/10
Print Name: Edimar Louzada

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



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: Eddie's Furniture
 Address of taxpayer/applicant's business in Somerville: 95 Elm St Somerville
 Address of taxpayer/applicant's home in Somerville: _____
 Taxpayer/applicant's phone: day: 617 666 1457 evening: 617 895 8129

I, (print name) Edimar Louzada, 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 9th day of April, 2010.

 (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: _____
 # 02047075 # 313025001 # 30056704 # _____
 313023001

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
17-02-10