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

PA
250 -
CL 130

APPLICATION TO RENEW JUNK DEALER LICENSE

DINA BRANDANO
23 INDEPENDENCE DRIVE
WOBURN, MA 01801

License #: 1045
Fee: 250.00
Account ID: 821
Reference #: 1045
#7058

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: For DINA BRANDANO Business Location: 1204 BROADWAY Business Phone: 617-905-6298	THE CONNECTION
License Holder: DINA BRANDANO 23 INDEPENDENCE DRIVE WOBURN, MA 01801 617-905-6298	
Mailing Address: DINA BRANDANO WOBURN, MA 01801	
Business Type: SOLE PROPRIETORSHIP OWNER - DINA BRANDANO	
FID: 999999999 455474214	455474214
Food Manager/Emergency Contact: MARINA LOUZADA 617-777-5450	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 MAR 19 P 1:27

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)
Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
MERCHANDISE: USED FURNITURE AND FURNISHINGS
Petitioner may NOT place items on the sidewalk without an Outdoor Seating and Goods License.

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: Dina Brandano Date march 16 2013
Print Name: Dina Brandano Phone 617 905 6298

* No workers comp. Sole proprietor

3/16/13

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

CB

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: DINA BRANDANO
Address: 23 Independence DR
City: Woburn State: ma Zip: 01801 Phone #: 6179056298

- I am an employer with _____ 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 Thrift + Used Furniture + Furnishings

Workers' compensation insurance information (if applicable):

Insurance Company Name: NONE
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: Dina Brandano Date: March 16, 2013
Print Name: DINA BRANDANO

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____
Contact Person: ma Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: The Connection

Address of taxpayer/applicant's business in Somerville: 1204 BROADWAY

Address of taxpayer/applicant's home in ^{Somerville} WOBURN: 23 INDEPENDENCE DR, WEST WOBURN MA 01801

Taxpayer/applicant's phone: day: 617 905 6298 evening: 617 903 6298

I, (print name) DINA BRANDANO, 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 16th day of March, 2013.
(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: _____

89000262 # 335017021 # No ACC # _____
335017022

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
03-19-13