

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee \$20.00 per space

Date 3/25/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/25/10 MS
Amount Paid \$1520.00 check # 37209

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

Business Name: Nissenbaum's Auto Parts Inc Phone: 617-266-1194

Business DBA Name (if applicable): _____

Address with Zip Code: 480 Columbia St Somerville MA 02143

Tax Identification Number: 042523815 Check one: SSN FEIN

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

Address with Zip Code: _____

Property Owner Name: SAME Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Joe Nissenbaum Phone: 781-867-6933

Emergency Contact 2: Allen Nissenbaum Phone: 617-244-9546

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: Joe Nissenbaum

Address with Zip Code: 480 Columbia St Somerville MA 02143

Partner's/Member's/Secretary's Name: Allen Nissenbaum

Address with Zip Code: 480 Columbia St Somerville, MA 02143

Partner's/Member's/Treasurer's Name: Allen Nissenbaum

Address with Zip Code: 480 Columbia St Somerville, MA 02143

Square Footage of the Space to be Used for Parking: 30,000 Square Feet.

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: *[Signature]* Date: 3/15/10
Print Name: Arun Dissanayake Phone: 617-625-0000

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a PA Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

Maximum number of motor vehicles to be kept on the premises: 76
Signature: *[Signature]* Title: Chief Date: 3/15/10

**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.

NUSSENBAUMS Auto PARTS INC

*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

042 523 015

**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: NISSENBAUMS Auto Parts Inc

Address of taxpayer/applicant's business in Somerville: 480 Columbus St

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

Taxpayer/applicant's phone: day: 617-776-0194 evening: 617-244-9546

I, (print name) ALEX Nissenbaum, 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 15 day of March, 20 10. [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: _____
89000238 # 124043001 # 08900032 # _____

NOTES:

CLERK'S INITIALS: d

ORIGINAL STAMP: **received**
4 18-25-10

**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: Nissenbaum Auto Parts Inc
 Address: 480 Columbia St
 City: Somerville State: MA Zip: 02143 Phone #: 617-776-0196

- I am an employer with 5 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: Ace Property & Casualty Ins Co
 Address: 436 Walnut St
 City: Philadelphia State: Penn Zip: 19106 Phone #:
 Policy #: C45896109 Expiration Date: 12/13/10

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: [Signature] Date: 3/15/10
 Print Name: Alexa Nissenbaum

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

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____