



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

### Application to Renew Used Car Dealer License

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

**License #:** BL15-000013  
**File #:** 15-16  
**Fee:** 550

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> JOSEPH TALEWSKY & SON INC <b>Business Location:</b> 512 COLUMBIA ST <b>Business Phone:</b> 617-628-4691	
<b>License Holder:</b> JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE MA 02143	
<b>Mailing Address:</b> JOSEPH TALEWSKY & SON INC 517 COLUMBIA ST SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation ALLEN TALEWSKY ALLEN TALEWSKY CAROLINE TALEWSKY	
<b>FID:</b> 042759048	
<b>Emergency Contact:</b> ALLEN TALEWSKY <b>Phone:</b> 978-430-3010	
<b>Dealership Class:</b> Class 3 <b># of Vehicles Kept Inside:</b> 0 <b># of Vehicles Kept Outside:</b> 0 <b>Proposed Hours of Operation if operating outside standard hours:</b> not applicable	

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: 11/20/15  
Printed Name: Allen Talewsky Phone: 978 430 3010



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Joseph Talewsky & 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: 978 430 3010 evening: \_\_\_\_\_

I, (print name) Allen Talewsky, 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 20 day of November, 20\_\_\_\_\_.  
(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: \_\_\_\_\_

# 3834      # 124045001      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: LB

ORIGINAL STAMP:

  
UP and  
12-1-15

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

2015 DEC -1 P 12: 59

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Joseph Tolewsky + son Inc

Address: 512 Columbia St

City: Somerville State: MA Zip: 02143 Phone #: 978 430 3010

- I am an employer with 6 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: AIA

Address: PO Box 4070

City: Burlington State: MA Zip: 01803 Phone #:

Policy #: VWC/1006003333 2015 A Expiration Date: 1-1-16

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 Tolewsky Date: 11/20/15

Print Name: Allen Tolewsky

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 #: \_\_\_\_\_