

## APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date

3/22/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/22/11 - MS

Amount Paid \$250.00 ck # 2584

☐ New Application

☒ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: BRIAN J. BELLIVEAU Phone: 508 287 099

Applicant's Address (with Zip Code): 64 PRAIRIE AVE. ATTLEBORO MA 01907

Applicant's Email Address:

Applicant's Federal Employer Identification Number:

Business DBA Name (if applicable): SPINDLE CITY PRECIOUS METALS

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): SPINDLE CITY PRECIOUS METALS

Mailing Address (with Zip Code): 1475 So. Main St. Fall River, MA 02724

Emergency Contact: LIZ PERREIRA Phone: 508 431 7150

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

IF A SOLE PROPRIETOR:

Owner's Name: Aaron Tetrault

Address with Zip Code: 1475 So. Main St. Fall River, MA 02724

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:

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:

To Purchase Precious Metals only.

#### 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: Brian Bellver Date: 3/12/11

Print Name: BRIAN BELLVER Phone: 5082876099

#### 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

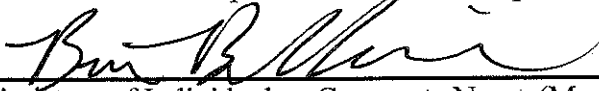
1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3: \_\_\_\_\_

Signature of Applicant: Brian Bellver Date: 3/12/11

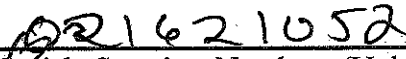
**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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.



\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)



\_\_\_\_\_  
\*\*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: Spindle City Pawn Brokers dba Spindle City Precious Metals  
Address: 1475 S Main St  
City: Fall River State: MA Zip: 02724 Phone #: 5086728808

- ☒ I am an employer with 20 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: Associated Industries of MA  
Address: C/O PAUL Sullivan Ins 1467 S Main St  
City: Fall River State: MA Zip: 02724 Phone #: 5086789611  
Policy #: WC2315318621010 Expiration Date: 12-18-11

**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: Brian Belliveau Date: 3/22/11  
Print Name: BRIAN BELLIVEAU

**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