

APPLICATION FOR A JUNK DEALER LICENSE

APR 21 A 10:21

Application Fee \$250.00

Date 4/21/2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$250.00
CITY CLERK'S OFFICE
SOMERVILLE, MA

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Edimar Louzada Phone: 617-895-8129

Applicant's Address (with Zip Code): Eddie's Furniture, 95 Elm St. Somerville, MA 02141

Applicant's Email Address: eddie71@yahoo.com

Applicant's Federal Employer Identification Number: 45-180-1107

Business DBA Name (if applicable):

Business Location (with Zip Code): Eddie's Furniture, 95 Elm St. Somerville, MA 02141

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

Mailing Address (with Zip Code): same as above

Emergency Contact: Lucy Wilson (wife) Phone: 617-461-3324

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

IF A SOLE PROPRIETOR:

Owner's Name: Edimar Louzada

Address with Zip Code:

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

Partner's/Member's/President's Name: Edimar Louzada

Address with Zip Code: 12 Knollwood Road, Medford, MA

Partner's/Member's/Secretary's Name: Lucy Wilson

Address with Zip Code: 12 Knollwood Rd, Medford, MA 02155

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: Buy used furniture & resell it.

### 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.

X Signature of Applicant: X Edimar Louzada Date: 4/21/2011  
Print Name: Edimar Louzada Phone: 617-895-8129

### 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: X Edimar Louzada Date: X 4/21/2011

**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.

~~Eddie's Furniture~~ Eddoelo Inc.

\*Signature of Individual or Corporate Name (Mandatory)

~~Eduimar Loucadas~~ President

By: Corporate Officer (Mandatory, if a corporation)

45-180-1107

\*\*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: Eddie's Furniture

Address of taxpayer/applicant's business in Somerville: 95 Elm St. Somerville, MA 0214

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-895-8129 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20 X  
(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      # 31302500 / 31302800      # 30056704      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: L

ORIGINAL STAMP: 

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~~ Edimar Louzada  
Address: Eddie's Furniture 95 Elm St. Somerville  
City: Somerville State: MA Zip: 02144 Phone #: 617-

- I am an employer with \_\_\_\_\_ employees Business Type:  Retail  Restaurant/Bar/Eating Establishment  
(full and/or part time).  Office and/or Sales (real estate, auto, etc.)  
 I am a sole proprietor or partnership and have no employees.  Nonprofit  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Entertainment  
 We are a nonprofit organization staffed by volunteers and have no employees.  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: X Date: 4/1/2011  
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 \_\_\_\_\_