



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

Application to Renew Flammables License

JOSEPH NISSENBAUM
480 COLUMBIA STREET
SOMERVILLE MA 02143

License #: BL15-000532
File #: 15-432
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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: JOSEPH NISSENBAUM Business Location: 480 COLUMBIA ST Business Phone: 617-776-0194	NISSENBAUMS AUTO PARTS INC
License Holder: JOSEPH NISSENBAUM 480 COLUMBIA STREET SOMERVILLE MA 02143	
Mailing Address: JOSEPH NISSENBAUM 480 COLUMBIA STREET SOMERVILLE MA 02143	
Business Type: Corporation JOSEPH NISSENBAUM ALLEN NISSENBAUM JOSEPH NISSENBAUM	
FID: 042523815	
Emergency Contact: JOSEPH NISSENBAUM Phone: 617-501-6933	
# of Gallons of Flammables to be Stored: 1500 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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:  Date: 3-23-15

Printed Name: ALLEN NISSENBAUM Phone: 617-776-0194



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: NISSENBAUMS AUTO PARTS INC.

Address of taxpayer/applicant's business in Somerville: 480 COLUMBIA ST.

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

Taxpayer/applicant's phone: day: 617-776-0194 evening: 617-501-6933

I, (print name) ALLEN 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 23 day of MARCH, 20 15. Allen Nissenbaum
(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: _____

3798 # 124043001 # 110060PP # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UBaraw
3-30-15

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's Auto Parts Inc.
Address: 700 Columbus St
City: Somerville State: MA Zip: 02143 Phone #: 617-776-0194

- ☒ 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: A.I.M. Mutual Ins. Co.
Address: 54 Third Ave.
City: Burlington State: MA Zip: 01803 Phone #: 800-896-2625
Policy #: WUC-100-6015578-2014A Expiration Date: 7/29/15

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 Nissenbaum Date: 3/23/15
Print Name: ALLEN NISSENBUM

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 _____