



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**

2014 MAR 17 P 1:27
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CITY CLERK'S OFFICE
SOMERVILLE, MA

APPLICATION TO RENEW JUNK DEALER LICENSE

**BUFFALO EXCHANGE LTD
PO BOX 40488
TUCSON, AZ 85717**

License #: **535**

Fee: **250.00**

Account ID: **436**

Reference #: **535**

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: BUFFALO EXCHANGE LTD Business Location: 238 ELM ST Business Phone: 617-629-5383 | |
| License Holder: BUFFALO EXCHANGE LTD PO BOX 40488 TUCSON, AZ 85717 617-629-5383 | |
| Mailing Address: BUFFALO EXCHANGE LTD PO BOX 40488 TUCSON, AZ 85717 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - KERSTIN BLOCK SECRETARY - REBECCA BLOCK TREASURER - REBECCA BLOCK | |
| FID: 860354518 | |
| Food Manager/Emergency Contact: LISA DEFREITAS 617-629-5383 | |
| | |

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
MERCHANDISE: CLOTHING & ACCESSORIES

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: Kerstin Block Date MARCH 10, 2014

Print Name: KERSTIN BLOCK Phone 520-622-2711



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BUFFALO EXCHANGE, LTD

Address of taxpayer/applicant's business in Somerville: 238 Elm St (236 Elm; 240 A2) 02144

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

Taxpayer/applicant's phone: day: 520-622-2711 evening: _____

I, (print name) KERSTIN BLOCK, 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 10th day of MARCH, 20 14. Kerstin Block
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/11/14 INCLUDES RELEVANT POSTINGS THROUGH: 3/10/14

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 313084011 # 428 # _____

NOTES:

CLERK'S INITIALS: Ric

ORIGINAL STAMP:

RECEIVED
Ric



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

Workers' Compensation Insurance Affidavit- General Business

Applicant information:

Name: BUFFALO EXCHANGE, LTD

Address: PO Box 40488

City: TUCSON

State: AZ

Zip: 85711 Phone #: 520-622-2711

- I am an employer with 11 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:

- Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: AMTRUST

Address: 800 SUPERIOR AVENUE EAST, 21ST FLOOR

City: CLEVELAND

State: OH

Zip: 44114 Phone #:

Policy #: TWC 3361025

Expiration Date: 5/13/14

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: Kerstin Block

Date: MARCH 10, 2014

Print Name: KERSTIN BLOCK

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 #: _____