



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW JUNK DEALER LICENSE

LA CHIC BOUTIQUE LLC
235A ELM ST
SOMERVILLE, MA 02144

License #: 60

Fee: 250.00

Account ID: 69

Reference #: 60

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: LA CHIC BOUTIQUE LLC Business Location: 235A ELM ST Business Phone: 617-776-7706	
License Holder: LA CHIC BOUTIQUE LLC 235A ELM ST SOMERVILLE, MA 02144 617-776-7706	
Mailing Address: LA CHIC BOUTIQUE LLC 235A ELM ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL BAYLES SECRETARY - MICHAEL BAYLES TREASURER - MICHAEL BAYLES	
FID: 264380404	
Food Manager/Emergency Contact: MICHAEL BAYLES 617-821-6229	

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:
BUYING AND SELLING USED MERCHANDISE.

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: Michael Bayles

Date: 3-17-14

Print Name: Michael Bayles

Phone: 617-821-6229



CITY OF SOMERVILLE, MASSACHUSETTS
 Treasury Department
 JOSEPH A. CURTATONE
 MAYOR
 CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: _____ AND/OR

TAXPAYER'S HOME ADDRESS: 235^A Elm St.

TAXPAYER/APPLICANT PHONE: DAY: _____ EVENING: _____

BUSINESS NAME: LaChic Boutique LLC

BUSINESS ID NUMBER: _____ BUSINESS PHONE: _____

I (print name) _____, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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_____. _____ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
<u>1150</u>	<u>31304800</u>	<u>424</u>	_____

NOTES:

CLERKS INITIALS: BUSINESS or BUILDING PERMIT ORIGINAL STAMP



RECEIVED
3/21/14

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: La Chic Boutique LLC
 Address: 235A Elm St
 City: Somerville State: MA Zip: 02144 Phone #: 617-821-6225

I am an employer with 3 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 _____

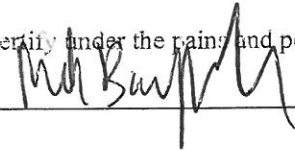
Workers' compensation insurance information (if applicable):

Insurance Company Name: Marionne Insurance ~~Co~~ - Travelers
 Address: 506 Main St
 City: Mattford State: MA Zip: 02155 Phone #: 781-392-7100
 Policy #: 506351156 Expiration Date: 4-7-15

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:  Date: 3-7-14
 Print Name: Michael Bumply

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 _____

(revised Jan. 2008)