



**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: For LA CHIC BOUTIQUE LLC Business Location: 235A ELM ST Business Phone: 617-776-7706	SEE ATTACHED
License Holder: LA CHIC BOUTIQUE LLC 235A ELM ST SOMERVILLE, MA 02144 617-776-7706	
Mailing Address: LA CHIC BOUTIQUE LLC SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC)	
FID: 264380404	
Food Manager/Emergency Contact: DANNY BERHLE 617-776-7706	

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: _____ Date _____

Print Name: _____ Phone _____

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 4/12/2013

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5/1/13
Amount Paid 250

CH-2753

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Applicant's Legal Name: Michael Bayles Phone: 617-821-6229

Applicant's Address (with Zip Code): 1 Prentiss Rd., Danvers, Ma, 01923

Applicant's Email Address: websites69@yahoo.com

Applicant's Federal Employer Identification Number: 264380404

Business DBA Name (if applicable): La Chic Boutique, LLC

Business Location (with Zip Code): 235 A Elm St. Somerville, Ma 02144

Mailing Name (where we should send correspondence to): La Chic Boutique

Mailing Address (with Zip Code): 235 A Elm, Somerville, Ma. 02144

Emergency Contact: Michael Bayles Phone: 617-821-6229
978-844-9211

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

IF A SOLE PROPRIETOR:

Owner's Name: Michael Bayles

Address with Zip Code: 1 Prentiss Rd., Danvers, Ma. 01923

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:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2013 MAY -1 P 12:17

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: continue working with
Detective Ernest Nadile weekly.

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: Michael Bayles Date: 4-12-13

Print Name: Michael Bayles Phone: 617-821-6229

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: [Signature] Date: 5-1-13

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied

Signature: [Signature] Date: 4/29/13

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: Michael Bayles Date: 4/12/13

**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.

Michael Bay/M-

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

264380404

FID #

**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: La Chic Boutique LLC

Address of taxpayer/applicant's business in Somerville: 235 A Elm St. Somerville, Ma. 02144

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

Taxpayer/applicant's phone: day: 617-821-6229 evening: 617-821-6229

I, (print name) Michael Bayles, 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 12th day of April, 2013. Michael Bayles
(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: _____
19626052 # 38048001 # 458 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
4-5-13

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: LaChic Boutique, LLC
Address: 235 A Elm St.
City: Somerville State: Ma. Zip: 02144 Phone #: 617-821-6229

- I am an employer with 4 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: Travelers Insurance
Address: P.O. Box 660333
City: Dallas State: TX. Zip: 75226 Phone #: 800-443-4404
Policy #: 4615 p 289 Expiration Date: 4/1/2014

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: Michael Bayles Date: 4/12/2013

Print Name: Michael Bayles

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 _____