



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Junk Dealer License

STERLING, INC.
STERLING INC TAX DEPARTMENT
375 GHENT ROAD
AKRON OH 44333

License #: BL15-001105
File #: 15-871
Fee: 250

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: STERLING, INC. Business Location: 360 ARTISAN WAY Business Phone: 617-504-9378	
License Holder: STERLING, INC. STERLING INC TAX DEPARTMENT 375 GHENT ROAD AKRON OH 44333	
Mailing Address: STERLING, INC. STERLING INC TAX DEPARTMENT 375 GHENT ROAD AKRON OH 44333	
Business Type: Corporation MARK-LIGHT ED HRABAK ROBER TRABUCCO GEORGE-FRANKOVICH LAUREL KRUEGER	- PRESIDENT CHANGE - SECRETARY CHANGE
FID: 340630873	
Emergency Contact: ESTEPAN BARSEKHIAN Phone: 617-504-9378	
Will you operate as a Pawnbroker? No Describe the wares you will primarily purchase: Not yet provided	Buying used jewelry
Describe the wares you will primarily sell: Not yet provided	Selling used jewelry

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

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased, exchanged, or sold, including a description of the item, the price paid, the date and time of the transaction, and the name, age and residence of the seller/buyer.

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: X *Jennifer Mallonee* Date: X *4.27.15*

Printed Name: *Jennifer Mallonee* Phone: *5087330818*



City of Somerville, Massachusetts
Finance Department, Treasury Division

2015 MAY 18 P 2:15
CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: STERLING INC dba RAY JEWELERS OUTLET #2962

Address of taxpayer/applicant's business in Somerville: 360 ARTISAN WAY, SOMERVILLE MA 02145

Address of taxpayer/applicant's home in Somerville: 56 Old Common Rd. Arborin

Taxpayer/applicant's phone: day: 508 733 0478 evening: SAME

I, (print name) Jennifer Mallonee, 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 27 day of April, 20X 4 Mallonee
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 5-18-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

508 # N/A # _____ # _____

NOTES:

CLERK'S INITIALS: JL

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: STERLING INC dba KAY JEWELERS OUTLET #2962

Address: 360 ARTISAN WAY

City: SOMERVILLE State: MA Zip: 02145 Phone #: (330) 665-6564 CONTACT #

☒ I am an employer with 8 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: XL SPECIALTY INSURANCE CO

Address: SEAVIEW HOUSE, 70 SEAVIEW AVE

City: STAMFORD State: CT Zip: 06902 Phone #: _____

Policy #: RWD 943533203 Expiration Date: 11/15/2015

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: R B Davis Date: 04/20/15

Print Name: RALPH B. DAVIS VP-TAX & INSURANCE

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 _____