



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

APPLICATION TO RENEW GARAGE LICENSE

NIPPON EXPRESS
30 INNER BELT RD
SOMERVILLE, MA 02143

License #: 639
City #G253
Fee: 550.00
Account ID: 524
Reference #: 639

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: NIPPON EXPRESS Business Location: 30 INNER BELT RD Business Phone: 617-591-8800	
License Holder: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE, MA 02143 617-591-8800	
Mailing Address: NIPPON EXPRESS 30 INNER BELT RD SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KENJI FUJII TREASURER - NAOYA HAYASHIDA SECRETARY - TSUTOMU NAGATANI	
FID: 131971441	
Food Manager/Emergency Contact: JUN YAMAZAKI 617-591-8800	

2014 MAR 19 P 1.13
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **M-F 7:30A-10P SA 7:30A-3P**

NOT OPEN TO THE PUBLIC

4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 1/24/2008. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: 3/19/14
Print Name: JUN YAMAZAKI Phone: 617-59108800



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: NIPPON EXPRESS USA INC
Address of taxpayer/applicant's business in Somerville: 30 INNER BELT ROAD
SOMERVILLE, MASS. 02143
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-591-8800 evening: 617-591-8800

I, (print name) JUN YAMAZAKI, 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 19th day of MARCH, 2014. [Signature]
(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: _____
8050 # 551001027 # 670 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  RECEIVED 3/19/14

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: NIPPON EXPRESS USA INC

Address: 30 INNER BELT ROAD

City: SOMERVILLE State: MASS. Zip: 02143 Phone #: 617 591 8800

- I am an employer with 29 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: AON RISK SERVICES CENTRAL, INC

Address: 200 E. RANDOLPH STREET


City: CHICAGO State: IL Zip: 60601 Phone #: 312-381 3583

Policy #: 3RIFK-UB#635J448-5-14 Expiration Date: 1/1/2015

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:  Date: 3/19/14

Print Name: JUN YAMAZAKI

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

