

IMPORTANT

#72
REF 63

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Junk Dealer

License Number: #191145

Business Name: Spindle City Precious Metals

Location: 30 Washington St

Merchandise: Precious Metals

Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>Spindle City Precious Metals</u>
Somerville Address and Zip Code:	<u>30 Washington St. 02143</u>
Phone Number of the Business:	<u>508-567-1597</u>

The Legal Name of the License Holder:	<u>Arson Tetrault</u>
Street Address of the License Holder:	<u>1262 Highland Ave</u>
City, State and Zip Code of the License Holder:	<u>Fall River, MA 02720</u>
Phone Number of the License Holder:	<u>508-567-1597</u>
Email Address of the License Holder:	<u>spindlegold@gmail.com</u>

Where We Should Send Mail: Name:	<u>Spindle City Precious Metals</u>
Street Address:	<u>209 Bedford St. Suite 204</u>
City, State and Zip Code:	<u>Fall River, MA 02721</u>
Email:	<u>BrianPCorley87@gmail.com</u>
Phone Number:	<u>508-567-1597</u>

Federal ID # (Do Not Give a Social Security #):	<u>11-3716613</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Ernest Sprague 401-489-4668</u>
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-OVER-

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR - 4 A 9:47

Type of Business (Check Only One and Give the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Aaron Tetsault

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____



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Date 3/30/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Spindle City Pawnbrokers, Inc. D.B.A. Spindle City Precious Metals

Address of taxpayer/applicant's business in Somerville: 30 Washington St.

Address of taxpayer/applicant's home in Somerville: n/a

Taxpayer/applicant's phone: day: 508-567-1597 evening: same

I, (print name) Aaron Tetrault, 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 30 day of March, 20 12. Aaron Tetrault
(Taxpayer's signature) **5**

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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____ ORIGINAL STAMP: _____

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: Spindle City Pawn brokers, Inc.

Address: 1475 S Main St

City: Fall River

State: MA

Zip: 02724

Phone #: 508-567-1597

- ☒ I am an employer with 2 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 Precious Metals Purchaser/Appraiser

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Industries of Massachusetts Mutual Insurance Company

Address: 54 Third Avenue, #

City: Burlington

State: MA

Zip: 01803

Phone #: (800) 876-2765


Policy #: AWC 7018676012012

Expiration Date: 3/10/2013

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: 3/30/12

Print Name: Aaron Tetrault

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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 #: _____