76 Spaces

APPLICATION FOR AN OUTDOOR PARKING LICENSE

Application Fee $20.00 per space

Date 3/16/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	3-22-11
Amount Paid	152000

__ New Application

__ Renewing Application with Additions or Changes

X Renewing Application with NO Additions or Changes

Applicant's Legal Name: Nissan Isums Auto Parts Phone: 617-625-0001

Applicant's Address (with Zip Code): 480 Columbia St. Somerville 02143

Applicant's Email Address: Allen@Nissanisums.com

Applicant's Federal Employer Identification Number: _____

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Allen Nissanisums Phone: 617-776-0184

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAR 22 A 10:28

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust

X Corporation (inc. LLC) __Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Joe Nissanisums

Address with Zip Code: 480 Columbia St. Somerville 02143

Partner's/Member's/Secretary's Name: Allen Nissanisums

Address with Zip Code: 480 Columbia St. Somerville 02143

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Square Footage of the Space to be Used for Parking: 40,000 Square Feet.

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: _____ Date: 3/15/11

Print Name: Aaron Rossenstein Phone: 617-625-0000

FOR NEW OR EXPANDING APPLICANTS ONLY:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right
_____ The use requires a special permit
_____ The use is prohibited

Maximum number of motor vehicles to be kept on the premises: _____

Signature: _____ Title _____ Date: _____

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.

Nissan Auto Parts Inc

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042 523 815

**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: Nissenbaums Auto Parts Inc

Address of taxpayer/applicant's business in Somerville: 480 Columbia St.

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

Taxpayer/applicant's phone: day: 617-625-0000 evening: 617-244-9546

I, (print name) Allen Nissenbaum, 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 16 day of March, 20 11. _____
(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: ___
# 89000238	# 12404300 1	# 08900032	# _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 4-3-2011

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: Nissenbaums Auto Parts Inc.

Address: 480 Columbia St.

City: Somerville State: MA Zip: 02143 Phone #: 617-625 000 0

☑ I am an employer with 5 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: ACE USA Ins. Co

Address: Dept CH 14089

City: PALATINE State: ILL Zip: 60055 Phone #: 1-877-490-9427

Policy #: C4589609 Expiration Date: 12/3/11

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: Allen Nissenbaum Date: 3/15/11

Print Name: Allen Nissenbaum

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 #:* _____

(revised Jan. 2008)