

POD \$250

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 2/15/11

2011 FEB 22 P 1:06	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid <u>\$250.00</u>	SOMERVILLE, MA

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

Business Name: Aldrine Beauty Salon Phone: 617-7180142

Business DBA Name (if applicable): _____

Address with Zip Code: _____

Tax Identification Number: 30-0531626 Check one: SSN FEIN

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

Address with Zip Code: 369 Somerville Ave Somerville MA

Property Owner Name: Aldrine Dusnier Phone: 857-417-4817

Address with Zip Code: 02143

Emergency Contact 1: Barbara Neneide Phone: 774-444-8426

Emergency Contact 2: Note Thomas Phone: 617-894-1753

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

IF A SOLE PROPRIETOR:

Owner's Name: Aldrine Dusnier

Address with Zip Code: 369 Somerville Ave Somerville MA 02143

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: _____

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: it a simple small hair
Salon - CASH FOR GOLD JEWELRY

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: [Signature] Date: 2/15/11

Print Name: Aldrine Duvrier Phone: 857-417-4817

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: Feb 16 - 2011

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 2/17/2011


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: [Signature] Date: 2/15/11

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

**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: Aldrine Beauty Salon

Address of taxpayer/applicant's business in Somerville: 369 Somerville Ave Somerville
M.A 02143

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

Taxpayer/applicant's phone: day: 617-718-0142 evening: 857-417-4817

I, (print name) Aldrine Durier, 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 2 day of

29, 2011. _____
(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: _____

20000490 #232070001 #32011001 # _____

NOTES:

CLERK'S INITIALS: UR6

ORIGINAL STAMP:

RECEIVED
UR6
2-22-11

**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: Aldrine Beauty Salon
 Address: 369 Somerville Ave
 City: Somerville State: MA Zip: 02143 Phone #:

- I am an employer with _____ employees Business Type: Retail
 (full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no Office and/or Sales (real estate, auto, etc.)
 employees. Nonprofit
 We are a corporation that has exercised our right of Entertainment
 exemption per c152 s1(4), and have no employees. Manufacturing
 We are a nonprofit organization staffed by Health Care
 volunteers and have no employees. Other hair salon

Workers' compensation insurance information (if applicable):

Insurance Company Name: Mass Health NO
 Address:
 City: State: Zip: Phone #:
 Policy #: Expiration Date:

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: [Signature] Date: 2/22/11
 Print Name: Aldrine Durier

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 _____