



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 18 A 11:37

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Junk Dealer License

BUFFALO EXCHANGE LTD
PO BOX 40488
TUCSON AZ 85717

License #: BL15-000535
File #: 15-436
Fee: 275

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: BUFFALO EXCHANGE LTD Business Location: 238 ELM ST Business Phone: 617-629-5383	
License Holder: BUFFALO EXCHANGE LTD PO BOX 40488 TUCSON AZ 85717	
Mailing Address: BUFFALO EXCHANGE LTD PO BOX 40488 TUCSON AZ 85717	
Business Type: Corporation KERSTIN BLOCK REBECCA BLOCK REBECCA BLOCK	
FID: 860354518	
Emergency Contact: LISA DEFREITAS Phone: 617-629-5383	
Will you operate as a Pawnbroker? No Describe the wares you will primarily purchase: Clothing and accessories. Describe the wares you will primarily sell: Clothing and accessories.	

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.



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: BUFFALO EXCHANGE, LTDBUSINESS LOCATION: 238 ELM ST

AND/OR

TAXPAYER'S HOME ADDRESS: PO BOX 40488, TUCSON, AZ 85717TAXPAYER/APPLICANT PHONE: DAY: 520.622.2711 EVENING: SAMEBUSINESS NAME: Buffalo ExchangeBUSINESS ID NUMBER: BILL # 435BUSINESS PHONE: 520.622.2711

I (print name) REBECCA BLOCK, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 15TH day of MARCH 20 16.
Rebecca Block (Taxpayer's Signature)

DATE OF ISSUANCE: 3-14-2016 CITY'S ACKNOWLEDGEMENT

TAXES AND ACCOUNT NUMBER(S)

*REAL ESTATE ID

**WATER/SEWER ID

**PERSONAL PROPERTY

**OTHER

435

NOTES:

OFFICIALS INITIALS:

BUSINESS or BUILDING
PERMIT

ORIGINAL STAMP

received
3-14-2016

Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600 • Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somerville.org

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: BUFFALO EXCHANGE, LTD

Address: PO Box 40488

City: TUCSON

State: AZ

Zip: 85717 Phone #: 520.622.2711

- ☒ I am an employer with 10 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: HARTFORD

Address: ONE HARTFORD PLAZA

City: HARTFORD

State: CT

Zip: 06155 Phone #:

Policy #: 59WEGE9471

Expiration Date: 5-13-16

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: Rebecca Block

Date: 2/26/16

Print Name: REBECCA BLOCK

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 _____