

# APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 4-24-12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/25/12 - MB

Amount Paid \$250.00

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: La Chic Boutique LLC Phone: 617-776-7706

Applicant's Address (with Zip Code): 235A Elm St Somerville MA 02144

Applicant's Email Address: website69@yahoo.com

Applicant's Federal Employer Identification Number: 264380404

Business DBA Name (if applicable):

Business Location (with Zip Code): 235A Elm St Somerville MA 02144

Mailing Name (where we should send correspondence to): La Chic Boutique

Mailing Address (with Zip Code):

Emergency Contact: 617-776-7706 Danny Phone: Berhle -

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: Michael Bayles

Address with Zip Code: 1 Prentiss Rd Danvers MA 01923

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:

2012 APR 25 A 11:55  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: Buy & sell used merchandise

### 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: Mike Bayles Date: 4-24-12

Print Name: Michael Bayles Phone: 617-776-7706

### 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: \_\_\_\_\_ Date: \_\_\_\_\_

#### POLICE DEPARTMENT RECOMMENDATION:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_ 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.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

 Ca Chic Boutique LLC  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

264 380404 -  
\_\_\_\_\_  
\*\*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: La Chic Boutique 235A Elm St

Address of taxpayer/applicant's business in Somerville: 235A Elm St Somerville

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

Taxpayer/applicant's phone: day: 617-776-7706 - evening: —

I, (print name) Michael Baylis, 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 24th day of April, 2012. Michael Baylis  
(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: —  
# 4919 # 313048001 # 466 # —

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



RECEIVED  
LB  
4-25-12

**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: La Chic Boutique  
Address: 235A Elm St  
City: Somerville State: MA Zip: 02144 Phone #: 617-776-7706

- ☒ I am an employer with 1 employees (full and/or part time). Business Type: ☐ Retail  
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Plymouth Hartford 8100 Folk & DeLam 60010  
Address: 506 Main St Medford MA  
City: Medford State: MA Zip: \_\_\_\_\_ Phone #: 781-508-6371  
Policy #: 42307177 Expiration Date: 5-14-12

**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: 5-14-12  
Print Name: Michael Barker

**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 \_\_\_\_\_