



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

CK-1066
\$ 250

APPLICATION TO RENEW JUNK DEALER LICENSE

DAVID NORRIS III
393 SOMERVILLE AVE #2
SOMERVILLE, MA 02143

License #: 1046

Fee: 250.00

Account ID: 822

Reference #: 1046

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: For ODDS AND ENDS THRIFT STORE Business Location: 62A SUMMER ST Business Phone: 781-267-4539	
License Holder: DAVID NORRIS III 393 SOMERVILLE AVE #2 SOMERVILLE, MA 02143 781-267-4539	
Mailing Address: DAVID NORRIS III SOMERVILLE, MA 02143	
Business Type: SOLE PROPRIETORSHIP OWNER - DAVID NORRIS III	
FID: 999999999	
Food Manager/Emergency Contact: KATHLEEN WELLS 413-210-4417	

2013 APR 23 P 3:34
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

MERCHANDISE: USED FURNITURE, HOUSEHOLD GOODS, CLOTHING.

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 BOARD OF ALDERMEN.

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

Signature: David Norris III

Date: 4/22/13

Print Name: David Norris

Phone: 781-267-4539

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: David Norris

Address: 393 Somerville Ave #2

City: Somerville

State: MA

Zip: 02143

Phone #: 781-267-4539

- ☐ I am an employer with _____ 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: _____

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: David Norris

Date: 4/22/13

Print Name: David Norris

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Odds and Ends Thrift Shop

Address of taxpayer/applicant's business in Somerville: 62A Summer St.

Address of taxpayer/applicant's home in Somerville: 393 Somerville Ave #2

Taxpayer/applicant's phone: day: 781-267-4539 evening: 781-267-4539

I, (print name) David Norris, 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 22nd day of April, 20 13. DE E. MITR
(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: _____

14111 # 232035011 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

