



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

2013 MAR 22 A 10:55

CITY CLERK'S OFFICE  
SOMERVILLE, MA**APPLICATION TO RENEW FLAMMABLES LICENSE**

**JOSEPH NISSENBAUM**  
480 COLUMBIA STREET  
SOMERVILLE, MA 02143

License #: **532**  
City # **F219**  
Fee: **550.00**  
Account ID: **432**  
Reference #: **532**

# 7016

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 <b>NISSENBAUM'S AUTO PARTS, INC.</b> Business Location: <b>490 COLUMBIA ST</b> Business Phone: <b>617-776-0194</b>	
License Holder: <b>NISSENBAUM'S AUTO PARTS, INC.</b> <b>480 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-0194</b>	
Mailing Address: <b>JOSEPH NISSENBAUM</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - ALLEN NISSENBAUM</b> <b>PRESIDENT - JOSEPH NISSENBAUM</b>	
FID: <b>042523815</b>	
Food Manager/Emergency Contact: <b>JOSEPH NISSENBAUM</b> <b>617-501-6933</b>	

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:

**Originally Issued 12/4/2000, 1,000 Gals. Waste Oil Above Ground. 500 Gals. Used Gasoline Above Ground.**

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: *Allen Nissenbaum* Date 3-19-13

Print Name: Allen Nissenbaum Phone 617-776-0194

**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: Nissan & Sons Auto Parts Inc  
 Address: 480 COLUMBIA ST.  
 City: Somerville State: MA Zip: 02143 Phone #: 617-276-0194

- 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: Assoc Industries of Mass Mutual Ins Co  
 Address: 54 3rd Ave  
 City: Burlington State: MA Zip: 01803 Phone #: \_\_\_\_\_  
 Policy #: VLC6015578012012 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: 3-19-13  
 Print Name: Allen Missenden

*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: Nissan Sales Auto Parts Inc

Address of taxpayer/applicant's business in Somerville: 48 Columbia St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-776-0194 evening: 617-244-9546

I, (print name) Allen Nissan Sales, 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 19 day of MARCH, 2013. [Signature]  
(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: \_\_\_\_\_

# 3728      # 124043001      # 375      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

