



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

CK-116658
\$ 250

APPLICATION TO RENEW JUNK DEALER LICENSE

BUFFALO EXCHANGE LTD
PO BOX 40488
TUCSON, AZ 85717

License #: 535
Fee: 250.00
Account ID: 436
Reference #: 535
7059

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 BUFFALO EXCHANGE LTD Business Location: 238 ELM ST Business Phone: 617-629-5383	
License Holder: BUFFALO EXCHANGE LTD PO BOX 40488 TUCSON, AZ 85717 617-629-5383	
Mailing Address: BUFFALO EXCHANGE LTD TUCSON, AZ 85717	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KERSTIN BLOCK SECRETARY - REBECCA BLOCK	
FID: 860354518	
Food Manager/Emergency Contact: LISA DEFREITAS 617-629-5383	

2013 APR - 2 P 12:46
 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: CLOTHING & ACCESSORIES

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: Kerstin Block Date 3/19/2013
 Print Name: KERSTIN BLOCK Phone 520-622-2711

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: 85711 Phone #: 520-622-2711

- I am an employer with 11 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: TRAVELER'S

Address: ONE TOWER SQUARE

City: HARTFORD

State: CT

Zip: 06183 Phone #:

Policy #: YJ-UB-7B94002-4-12

Expiration Date: 5/13/13

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: Kerstin Block

Date: 3/19/2013

Print Name: KERSTIN BLOCK

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BUFFALO EXCHANGE, LTD

Address of taxpayer/applicant's business in Somerville: 238 ELM ST. (286 ELM; 26, A2) 02144

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

Taxpayer/applicant's phone: day: 520-622-2711 evening: _____

I, (print name) KERSTIN BLOCH, 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 19TH day of MARCH, 20 13. Kerstin Bloch
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/25/13 INCLUDES RELEVANT POSTINGS THROUGH: 3/22/13

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

_____ # 313084011 # 461 # _____

NOTES:

CLERK'S INITIALS: hi

ORIGINAL STAMP:

