



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

**APPLICATION TO RENEW JUNK DEALER LICENSE**

**JOSEPH TALEWSKY ENTERPRISE INC**  
508 COLUMBIA ST  
SOMERVILLE, MA 02143

License #: 59

Fee: 250.00

Account ID: 68

Reference #: 59

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: <b>JOSEPH TALEWSKY ENTERPRISE INC</b> Business Location: <b>508 COLUMBIA ST</b> Business Phone: <b>617-628-4691</b>	
License Holder: <b>JOSEPH TALEWSKY ENTERPRISE INC</b> <b>508 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-628-4691</b>	
Mailing Address: <b>JOSEPH TALEWSKY ENTERPRISE INC</b> <b>508 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - ALLEN TALEWSKY</b> <b>TREASURER - ALLEN TALEWSKY</b> <b>SECRETARY - ROBERT TATEL</b>	
FID: <b>043212149</b>	
Food Manager/Emergency Contact: <b>ALLEN TALEWSKY</b> <b>978-430-3010</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:  
**MERCHANDISE: SCRAP**

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 Talewsky Date: 3/17/14  
Print Name: Allen Talewsky Phone: 978 430 3010



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Talowsky Enterprise Inc

Address of taxpayer/applicant's business in Somerville: 208 Columbia St.

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

Taxpayer/applicant's phone: day: 978 430 3010 evening: 978 430 3010

I, (print name) Allen Talowsky, 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 17 day of March, 2014.  
Allen Talowsky  
(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: \_\_\_\_\_  
# 3780      # 146008001      # 348      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: TD

ORIGINAL STAMP: 

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: Talawsky Enterprise Inc.  
 Address: 508 Columbia St.  
 City: Somerville State: MA Zip: 02143 Phone #: 978 430 3010

I am an employer with 3 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: Travelers INS. CO.  
 Address: P O BOX 1450  
 City: Middleboro State: MA Zip: 02344 Phone #:  
 Policy #: 7PTUB 4566 P84 -4-14 Expiration Date: 3/5/15

**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: Allen Talawsky Date: 3/17/14  
 Print Name: Allen Talawsky

*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 \_\_\_\_\_