



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Junk Dealer License

LA CHIC BOUTIQUE LLC
235A ELM ST
SOMERVILLE MA 02144

License #: BL15-000060
File #: 15-69
Fee: 250

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: LA CHIC BOUTIQUE LLC Business Location: 235 A ELM ST Business Phone: 617-776-7706	DBA LCB Boutique LLC
License Holder: LA CHIC BOUTIQUE LLC 235A ELM ST SOMERVILLE MA 02144	
Mailing Address: LA CHIC BOUTIQUE LLC 235A ELM ST SOMERVILLE MA 02144	
Business Type: Corporation MICHAEL BAYLES MICHAEL BAYLES MICHAEL BAYLES	
FID: 264380404	
Emergency Contact: MICHAEL BAYLES Phone: 617-821-6229	
Will you operate as a Pawnbroker? <input checked="" type="checkbox"/> yes Describe the wares you will primarily purchase: Not yet provided. Describe the wares you will primarily sell: Not yet provided.	used merchandise used merchandise

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

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased, exchanged, or sold, including a description of the item, the price paid, the date and time of the transaction, and the name, age and residence of the seller/buyer.

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: Michael Bayles Date: 4-4-15

Printed Name: Michael Bayles Phone: 617-821-6229



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Lg Chic Boutique LLC DBA LBC Boutique

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: 617-821-6229 evening: 978-844-9211

I, (print name) Michael Bayles, 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 4th day of April, 2015. Mike Bayles
(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: _____

_____ # 313048001 # 235 # _____

NOTES:

CLERK'S INITIALS: OR

ORIGINAL STAMP:

2015 APR - 7 P 3: 09
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Michael Bayles - La-Chic Boutique LLC DBA LBC Boutique
 Address: 235A Elm St
 City: Somerville State: MA Zip: 02144 Phone #: 617-821-6229

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance
 Address: PO Box 660307
 City: Dallas State: TX Zip: 75266 Phone #: 781-391-7100 → 1 (even)
 Policy #: 7PJUB461SP28912 Expiration Date: 4-15-16

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: Michael Bayles Date: 4-05-15
 Print Name: Michael Bayles

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

City or Town: _____ Permit/License #: _____

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____

Contact Person: _____ Phone #: _____