



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

CK-211225

\$550

2013 APR -8 P 12:14

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

**NIPPON EXPRESS**  
30 INNER BELT RD  
SOMERVILLE, MA 02143

License #: 639

City #G253

Fee: 550.00

Account ID: 524

Reference #: 639

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>NIPPON EXPRESS</b> Business Location: <b>30 INNER BELT RD</b> Business Phone: <b>617-591-8800</b>	
License Holder: <b>NIPPON EXPRESS</b> <b>30 INNER BELT RD</b> <b>SOMERVILLE, MA 02143</b> <b>617-591-8800</b>	
Mailing Address: <b>NIPPON EXPRESS</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - KENRYO SENDA</b> <b>TREASURER - NAOYA HAYASHIDA</b>	<b>PRESIDENT - KENJI FUJII</b>
FID: <b>131971441</b>	
Food Manager/Emergency Contact: <b>JUN YAMAZAKI</b> <b>617-591-8800</b>	

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

Hours: **M-F 7:30A-10P SA 7:30A-3P**

**NOT OPEN TO THE PUBLIC**

- 4 VEHICLES
- 4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 1/24/2008. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

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: *Jun Yamazaki*

Date: 4/1/13

Print Name: JUN YAMAZAKI

Phone: 617-591-8800

*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: NIPPON EXPRESS USA INC  
Address: 30 INNER BELT ROAD  
City: SOMERVILLE State: MASS. Zip: 02143 Phone #: 617-591-8800

☒ I am an employer with 29 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 WAREHOUSE FOR INTERNATIONAL TRANSPORTATION

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AON RISK SERVICES CENTRAL INC  
Address: 200 E. RANDOLPH STREET  
City: CHICAGO State: IL Zip: 60601 Phone #: 312-381-3583  
Policy #: 3RIFK-UB-635J448-5-13 Expiration Date: 1/1/2014

**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:  Date: 4/1/13  
Print Name: JUN YAMAZAKI

*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: NIPPON EXPRESS USA INC

Address of taxpayer/applicant's business in Somerville: 30 INNER BELT ROAD SOMERVILLE, MASS. 02143

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

Taxpayer/applicant's phone: day: 617 591 8800 evening: 617-591-8800

I, (print name) JUN YAMAZAKI, 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 1st day of April, 20 13.  
(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: \_\_\_\_\_

# \_\_\_\_\_ # 55/001027 # 694 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:

