

# APPLICATION FOR A JUNK DEALER LICENSE

2012 MAY 18 P 1:57

Application Fee \$250.00

FOR CITY CLERK'S OFFICE ONLY

Date 5/9/12

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Scott Garber Phone: (630) 823-3099

Applicant's Address (with Zip Code): 5881 Glenridge Dr. Suite 375 Atlanta, GA 30328

Applicant's Email Address: operations@greatestestateRoadshow.com

Applicant's Federal Employer Identification Number: 45-2093927

Business DBA Name (if applicable): N/A

Business Location (with Zip Code): 23 Cumming St. Somerville, GA 02145

Mailing Name (where we should send correspondence to): Great American Estate Roadshow

Mailing Address (with Zip Code): 300 N. Martingale Rd Ste. 200 Schaumburg, IL 60173

Emergency Contact: Marina Mueni Phone: (630) 823-3099

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: Scott Garber

Address with Zip Code: 5872 Mitchell Rd Atlanta, GA 30328

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Will you lend money on the security of personal property lent to you? ☐ Yes ☒ No

Will you operate as a pawnbroker? ☐ Yes ☒ No

Describe your business plan: Transient vendor that purchases  
precious metals from the public. Do not sell  
anything to the public.

#### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: \_\_\_\_\_

Print Name: SCOTT Garber Phone: (630) 823-3099

#### FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

##### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ☐ Approved ☐ Denied

Signature: [Signature] Date: 5-17-12

##### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: ☒ Approved ☐ Denied

Signature: [Signature] Date: 5/16/12

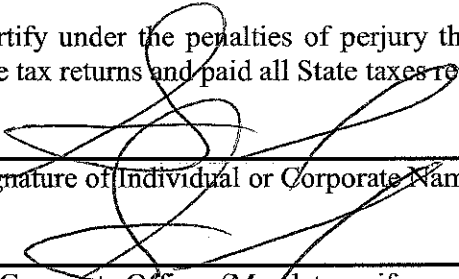
#### CONDITIONS

1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3. \_\_\_\_\_  
Signature of Applicant: [Signature] Date: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

45-2093927  
\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Great American Estate Roadshow

Address of taxpayer/applicant's business in Somerville: 23 Cummings St. Somerville, Ma 02145

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (630) 823-3099 evening: (630) 823-3099

I, (print name) SCOTT GARBER, 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

May, 2012. [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: \_\_\_\_\_

# N/A # N/A # N/A # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: M. M.

ORIGINAL STAMP:

**received**  
5-16-12

**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: Scott Garber  
Address: 5887 Glenridge Dr. Suite 375  
City: Atlanta State: Ga Zip: 30328 Phone #: (630) 823-3099

- ☒ I am an employer with 2 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 Transient Vendor who purchases precious metals, coins and antiques from the public

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

Insurance Company Name: The Hartford  
Address: 8711 University East Dr.  
City: Charlotte State: NC Zip: 28213 Phone #: (877) 853-2582  
Policy #: 83WEC BE 2474 Expiration Date: 5/20/13

**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: [Signature] Date: 5/8/12  
Print Name: Scott Garber

**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 \_\_\_\_\_

INSURER: SEE ATTACHED ENDORSEMENT

NCCI Company Number:

10448

Company Code: 9



POLICY NUMBER:

83 WEC BE2474

Previous Policy Number:

83 WEC BE2474

HOUSING CODE: SA

1. Named Insured and Mailing Address: GREAT AMERICAN ESTATE ROAD SHOW  
(No., Street, Town, State, Zip Code) LLC

FEIN Number: 452093927

5887 GLENRIDGE DR NE STE 375  
ATLANTA, GA 30328

State Identification Number(s):

Suffix

LARS RENEWAL

01

The Named Insured is: LIMITED LIABILITY COMPANY

Business of Named Insured: JEWELRY STORE

Other workplaces not shown above: SEE ATTACHED SCHEDULES

2. Policy Period: From 05/20/12 To 05/20/13  
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: ASSOCIATED AGENCIES INC

1701 GOLF RD TOWER 3 STE 700  
ROLLING MEADOWS, IL 60008

Producer's Code: 550337

Issuing Office: THE HARTFORD

8711 UNIVERSITY EAST DRIVE  
CHARLOTTE  
(877) 853-2582

NC 28213

Total Estimated Annual Premium: \$28,832

Deposit Premium:

Policy Minimum Premium: \$509 IL (INCLUDES INCREASED LIMIT MIN. PREM.)

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by

Authorized Representative

Date