

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 3/15/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/25/10 - MS
Amount Paid \$250.00 ch# 37208

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: Nissenbaum's Auto Parts Inc. Phone: 617-625-0000

Business DBA Name (if applicable):
Address with Zip Code: 480 Columbia St Somerville, MA 02143

Tax Identification Number: 042523815 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SAME
Address with Zip Code:

Property Owner Name: SAME Phone:
Address with Zip Code:

Emergency Contact 1: Joe Nissenbaum Phone: 781-862-6933

Emergency Contact 2: Allen Nissenbaum Phone: 617-244-9546

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:
Owner's Name:
Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):
Partner's/Member's/President's Name: Joe Nissenbaum
Address with Zip Code: 480 Columbia St Somerville, MA 02143
Partner's/Member's/Secretary's Name: Allen Nissenbaum
Address with Zip Code: 480 Columbia St Somerville, MA 02143
Partner's/Member's/Treasurer's Name: Allen Nissenbaum
Address with Zip Code: 480 Columbia St Somerville, MA 02143

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: Same AS previous years

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: *Allen Dissenbaum* Date: 3/15/10

Print Name: ALLEN DISSENBAUM Phone: 617-625-0000

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: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: _____ Date: _____

CONDITIONS

1. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

4. _____

Signature of Applicant: *Allen Dissenbaum* Date: 3/15/10

**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.

Nissensbaum's Auto Parts Inc

*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

092523815

**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: NISSERDRAUMS AUTO PARTS INC

Address of taxpayer/applicant's business in Somerville: 480 COLUMBIA ST.

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

Taxpayer/applicant's phone: day: 617-625-0000 evening: 617-244-9546

I, (print name) ALEX NISSERDRAUM, 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 15 day of MARCH, 20 10. [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: _____
89000238 # 124043001 # 08900032 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

Received
3-25-10

**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: Nissens Auto Parts Inc
 Address: 480 Columbus St
 City: Somerville State: MA Zip: 02143 Phone #: 607-625-0000

- I am an employer with 5 employees Business Type: Retail
 (full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no Office and/or Sales (real estate, auto, etc.)
 employees. Nonprofit
 We are a corporation that has exercised our right of Entertainment
 exemption per c152 s1(4), and have no employees. Manufacturing
 We are a nonprofit organization staffed by Health Care
 volunteers and have no employees. Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: ACE Property + CASUALTY INS CO
 Address: 436 WALNUT ST
 City: Philadelphia State: Penn Zip: 19106 Phone #: _____
 Policy #: C45896109 Expiration Date: 12/31/10

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 Nissens Date: 3/15/10
 Print Name: ALLEN NISSENS

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 _____