

IMPORTANT

#434

REF

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Junk Dealer
License Number: #191149
Business Name: Artifaktori
Location: 22A College Ave
Merchandise: Vintage items
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR - 14 P 2: 04

The DBA Name of the Business: ARTIFAKTORI
 Somerville Address and Zip Code: 22A College Ave
 Phone Number of the Business: 617 776 3708

The Legal Name of the License Holder: Amy BERKOWITZ
 Street Address of the License Holder: 12 Hembok Rd
 City, State and Zip Code of the License Holder: NEWTON MA 02464
 Phone Number of the License Holder: 617 965 7806
 Email Address of the License Holder: ARTIFAKTORI@gmail.com

Where We Should Send Mail: Name: Amy BERKOWITZ
 Street Address: 12 HEMBOCK RD
 City, State and Zip Code: NEWTON MA 02464
 Email: ARTIFAKTORI@gmail.com
 Phone Number: 617 965 7806

Federal ID # (Do Not Give a Social Security #): 208 226 268

Emergency Contact and Phone (For Fire Dept. Use): 617 965 7806

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: AMY BERKOWITZ

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

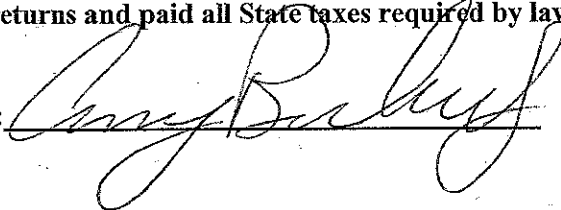
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____



Date _____

4/9/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ARTIFAKTORI

Address of taxpayer/applicant's business in Somerville: 22A College ave.

Address of taxpayer/applicant's home in Somerville: DONT LIVE IN Somerville

Taxpayer/applicant's phone: day: 617 965 7806 evening: 617 965 7806

I, (print name) Amy Berkowitz, 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, 20 12. Amy Berkowitz
(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: _____

3609 # 311022001 # 360 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
Barrows
4-4-12

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: Amy Berkowitz
Address: 12 Hemlock Rd
City: Newton State: MA Zip: 02464 Phone #: 617 965 7806

- I am an employer with 3 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: HARTFORD through ADVANTAGE Payroll
Address: P.O. BOX 660916
City: Dallas State: TX Zip: 75266 Phone #: 1800 327 3636
Policy #: 76 13334223 Expiration Date: 4/25/13

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.

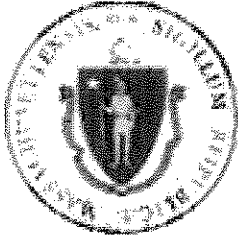
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Amy Berkowitz Date: 4/4/12
Print Name: Amy Berkowitz

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 _____



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

ARTIFAKTORI, LLC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Limited Liability Company (LLC): ARTIFAKTORI, LLC.

Entity Type: Domestic Limited Liability Company (LLC)

Identification Number: 208226268

Old Federal Employer Identification Number (Old FEIN): 009657806

Date of Organization in Massachusetts: 01/10/2007

The location of its principal office:

No. and Street: 12 HEMLOCK ROAD
City or Town: NEWTON State: MA Zip: 02464 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

The name and address of the Resident Agent:

Name: AMY BERKOWITZ
No. and Street: 12 HEMLOCK ROAD
City or Town: NEWTON State: MA Zip: 02464 Country: USA

The name and business address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	AMY BERKOWITZ	12 HEMLOCK ROAD NEWTON, MA 02464 USA

The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	AMY BERKOWITZ	12 HEMLOCK ROAD NEWTON, MA 02464 USA

The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property

Title	Individual Name	Address (no PO Box)
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