



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

2015

**Application to Renew Junk Dealer License**

**DELTA JEWELRY AND REFINING**  
**90 HIGHLAND AVE**  
**SOMERVILLE MA 02143**

**License #:** BL15-000054  
**File #:** 15-62  
**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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> DELTA JEWELRY AND REFINING <b>Business Location:</b> 90 HIGHLAND AVE <b>Business Phone:</b> 781-354-3555	617-390-8787
<b>License Holder:</b> DELTA JEWELRY AND REFINING 90 HIGHLAND AVE SOMERVILLE MA 02143	
<b>Mailing Address:</b> DELTA JEWELRY AND REFINING 90 HIGHLAND AVE SOMERVILLE MA 02143	
<b>Business Type:</b> Corporation ARGAM HAMBARDZUMYAN ARGAM HAMBARDZUMYAN ARGAM HAMBARDZUMYAN	LILIT PETROSYAN
<b>FID:</b> 272753680	
<b>Emergency Contact:</b> LILIT PETROSYAN <b>Phone:</b> 617-840-2718	
<b>Will you operate as a Pawnbroker?</b> No <b>Describe the wares you will primarily purchase:</b> Not yet provided. <b>Describe the wares you will primarily sell:</b> Not yet provided.	

**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



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: DELTA JEWELRY

Address of taxpayer/applicant's business in Somerville: 90 HIGHLAND AVE

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

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

(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: \_\_\_\_\_

# 7628      # 229037001      # 514      # ✓

**NOTES:**

CLERK'S INITIALS:

ORIGINAL STAMP:



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

Please Print Legibly

Business/Organization Name: Delta Jewelry and Ref. inc.  
 Address: 90 Highland Ave  
 City/State/Zip: \_\_\_\_\_ Phone #: 617-390-8787.

**Are you an employer? Check the appropriate box:**

1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*

2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]

3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*

4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail

6.  Restaurant/Bar/Eating Establishment

7.  Office and/or Sales (incl. real estate, auto, etc.)

8.  Non-profit

9.  Entertainment

10.  Manufacturing

11.  Health Care

12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.  
 \*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_  
 Insurer's Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 03-29-16  
 Phone #: \_\_\_\_\_

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):  
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_