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CITY CLERK'S OFFICE
SOMERVILLE, MA

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

APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE

**WEISBERG, EDWARD
ED'S USED AUTO PARTS
33 CHERYL LANE
WALTHAM, MA 02541**

License #: 7
Fee: 550.00
Account ID: 8
Reference #: 7

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 ED'S USED AUTO PARTS Business Location: 516 COLUMBIA ST Business Phone: 617-666-8440	
License Holder: WEISBERG, EDWARD ED'S USED AUTO PARTS 33 CHERYL LANE WALTHAM, MA 02541 617-666-8440	
Mailing Address: WEISBERG, EDWARD 33 CHERYL LANE WALTHAM, MA 02541	
Business Type: PARTNERSHIP (INC. LLP) PARTNER - EDWARD WEISBERG	
FID: 999999999	
Food Manager/Emergency Contact: JOSEPH WEISBERG 781-861-6653	

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

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: Edward Weisberg Date 11-12-12
Print Name: EDWARD WEISBERG Phone 617-666-8440

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: ED'S USED AUTO PARTS
Somerville Address and Zip Code: 516 COLUMBIA ST SOMERVILLE 02143
Phone Number of the Business: 617-666-8440

The Legal Name of the License Holder: EDWARD WEISBERG
Street Address of the License Holder: 33 CHERYL LANE
City, State and Zip Code of the License Holder: WALTHAM MA 02451
Phone Number of the License Holder: 781-894-8141

Where We Should Send Mail: Name: 33 CHERYL LANE | ED WEISBERG
Street Address: 33 CHERYL LANE
City, State and Zip Code: WALTHAM MA 02451

Federal ID # (Do Not Give a Social Security #): _____

Emergency Contact and his/her Phone Number: JOSEPH WEISBERG ^{Weisberg} 781-861-6653

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: EDWARD WEISBERG & JOSEPH WEISBERG
Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
Corporation: Name of Corporation: _____
Name of President: _____
Name of Secretary: _____ Name of Treasurer: _____
LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Edward Weisberg Date 11-12-12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ED'S USED AUTO PARTS

Address of taxpayer/applicant's business in Somerville: 516-COLUMBIA ST SOMERVILLE

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

Taxpayer/applicant's phone: day: 417-666-8440 evening: 781-894-8141

I, (print name) EDWARD WEISBERG, 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 15TH day of NOVEMBER, 2012. Edward Weisberg
(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: _____

3739 # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:  **RECEIVED**
UBanaw
11-15-12

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: ED'S USED AUTO PARTS
Address: 516 COLUMBIA ST
City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-666-8440

- I am an employer with _____ 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 RECYCLING

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: Edward Weisberg Date: 11-12-12
Print Name: EDWARD WEISBERG

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 _____

(revised Jan. 2008)