

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 3-15-11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/25/2011

Amount Paid 250.00 mj

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: EDWARD WEISBERG Phone: 617-666-8440

Applicant's Address (with Zip Code): 33 CHERYL LANE WALTHAM 02451

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 043-172 975

Business DBA Name (if applicable): ATLAS METAL INC

Business Location (with Zip Code): 475 COLUMBIA ST SUMMERVILLE 02413

Mailing Name (where we should send correspondence to): 475 COLUMBIA ST ATLAS METAL

Mailing Address (with Zip Code): 475 COLUMBIA ST SUMMERVILLE 02413

Emergency Contact: JOSEPH WEISBERG Phone: 781-861-6653

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 needed):

Partner's/Member's/President's Name: JAMICE WEISBERG

Address with Zip Code: 33 CHERYL LANE WALTHAM

Partner's/Member's/Secretary's Name: EDWARD WEISBERG

Address with Zip Code: 33 CHERYL LANE WALTHAM

Partner's/Member's/Treasurer's Name: JOSEPH WEISBERG

Address with Zip Code: 29 JUSTIN ST. LEXINGTON, MA. 02420

CITY CLERK'S OFFICE
SUMMERVILLE, MA
MAR 25 A 10:12

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: PURCHASE OF SCRAP METAL
RECYCLERS OF SCRAP METALS AND RELATED GOODS

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: Edward Weisberg Date: 3-15-11

Print Name: EDWARD WEISBERG Phone: 617-666-8440

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. 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: _____ 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.

Edward Muenberg

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

033-20-6964

**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: ATLAS METALS

Address of taxpayer/applicant's business in Somerville: 475 COLUMBIA ST

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

Taxpayer/applicant's phone: day: 617-666 8440 evening: 781-894-8141

I, (print name) EDWARD WENBERG, 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 MARCH, 20 11. Edward Wenberg
(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: _____

23705020 # 146010001 # 00050123

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: [Stamp]

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: ATLAS METALS INC
Address: 475 COLUMBIA ST
City: STONEHAM State: MA Zip: 02143 Phone #: 617-666-8440

- ☐ I am an employer with _____ 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 03-CORPORATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: LIBERTY MUTUAL FIRE INSURANCE COMPANY
Address: P.O. BOX 9090
City: DOVER State: NH Zip: 03821-9090 Phone #: 800-653-7893
Policy #: WC2315371064-D10 Expiration Date: 12-06-2011

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: _____ Date: _____

Print Name: _____

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 _____