

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date June 12 2012

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 6/12/12
Amount Paid 250.00

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

Applicant's Legal Name: DINA BRANDANO Phone: 617 905 6298
Applicant's Address (with Zip Code): 23 Independence Drive WOBURN MA 01801
Applicant's Email Address: none
Applicant's Federal Employer Identification Number: 043-253-812
Business DBA Name (if applicable): The CONNECTION
Business Location (with Zip Code): 1204 BROADWAY West Somerville Ma 02144
Mailing Name (where we should send correspondence to): 23 Independence DR WOBURN MA 01801
Mailing Address (with Zip Code): 23 Independence DR WOBURN MA 01801
Emergency Contact: MARINA LOUZADA Phone: 617 777 5450

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

IF A SOLE PROPRIETOR:

Owner's Name: DINA BRANDANO
Address with Zip Code: 23 Independence Drive WOBURN MA 01801

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:
Address with Zip Code:
Partner's/Member's/Secretary's Name:
Address with Zip Code:
Partner's/Member's/Treasurer's Name:
Address with Zip Code:

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CITY CLERK'S OFFICE
SOMERVILLE, MA

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: used furniture and furnishings

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: Dina Brandano Date: June 12, 2012

Print Name: DINA BRANDANO Phone: 617 905 6298

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

na

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION: *I hold occupancy cert 1198-1204 BFORACUM*

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied

Signature: [Signature] Date: June 14, 2012

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 6/12/2012

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: Dina Brandano Date: June 12, 2012

**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.

Dina Brennan

June 12, 2012

*Signature of Individual or Corporate Name (Mandatory)

N/A

By: Corporate Officer (Mandatory, if a corporation)

N/A

**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: The CONNECTION

Address of taxpayer/applicant's business in Somerville: 1204 BROADWAY

Address of taxpayer/applicant's home in Somerville: NONE-RESIDE IN WOBURN MA 01801

Taxpayer/applicant's phone: day: 617 905 6298 evening: 617 905 6298

I, (print name) DINA BRANDANO, 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 12th day of June, 2012. Dina Brandano
(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: _____

2322 # 33501704 # 043253817

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

RECEIVED
URB
6-12-12

**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: DINA BRANDANO
 Address: 23 Independence Drive
 City: Woburn State: MA Zip: 01801 Phone #: 617 905 6298

- I am an employer with 0 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: n/a
 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: Dina Brandano Date: June 12 2012
 Print Name: DINA BRANDANO

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)