

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 3/23/10

FOR CITY CLERK'S OFFICE ONLY 2010 MAR 30 P 4: 10
Date Recorded
Amount Paid \$250.00 CITY CLERK'S OFFICE
SAMPSONVILLE, MA

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

Business Name: ARTIFAKTORI LLC Phone: 617 776 3708

Business DBA Name (if applicable):

Address with Zip Code: 22A College Ave

Tax Identification Number: 208 226 268 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): ARTIFAKTORI

Address with Zip Code: 22A College Ave Samerville MA 02144

Property Owner Name: Sillari Realty Phone:

Address with Zip Code: 99 Albion St #6 Samerville MA 02144

Emergency Contact 1: Amy BERKOWITZ Phone: 617 965 7806

Emergency Contact 2: ADJ Phone:

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

IF A SOLE PROPRIETOR:

Owner's Name: Amy BERKOWITZ

Address with Zip Code: 12 Hemlock Rd NEWTON MA 02464

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:

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Amy Berkowitz Date: 3/23/10

Print Name: Amy Berkowitz Phone: 617 965 7806

**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. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

4. \_\_\_\_\_  
Signature of Applicant: Amy Berkowitz Date: 3/23/10

**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.

Amy Beckwith  
\*Signature of Individual or Corporate Name (Mandatory)

Amy Beckwith  
By: Corporate Officer (Mandatory, if a corporation)

TAX ID 208 226 268 55 153 44 1972  
\*\*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: ARTIFACTORI Amy BERKOWITZ

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

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

Taxpayer/applicant's phone: day: 617 776 3708 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 23 day of May <sup>AB</sup> March, 20 10. 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: \_\_\_\_\_  
# 219621078 # 31102200 # 20056830 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: Λ

ORIGINAL STAMP: **received**  
4-30-10

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: Amy Berkow

Address: 12 hemlock Rd

City: Newton State: MA Zip: 02464 Phone #: 617 968 7806

- 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 \_\_\_\_\_

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: \_\_\_\_\_ 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 \_\_\_\_\_