

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

2011 MAY -2 A 9:03

FOR CITY CLERK'S OFFICE ONLY

Date 4/15/11

CITY CLERK'S OFFICE  
SOMERVILLE, MA

Date Recorded 5/2/11

Amount Paid \$250-

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: Buffalo Exchange, Ltd Phone: 520-622-2711

Applicant's Address (with Zip Code): 238 Elm St., Somerville MA 02144

Applicant's Email Address: Contact@bufex.com

Applicant's Federal Employer Identification Number: 86-0354518

Business DBA Name (if applicable):

Business Location (with Zip Code): 238 Elm St, Somerville, MA 02144

Mailing Name (where we should send correspondence to): Kerstin Block

Mailing Address (with Zip Code): PO Box 40488, Tucson AZ 85717

Emergency Contact: Lisa DeFreitas Phone: 617-629-5383

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 as needed):

Partner's/Member's/President's Name: Kerstin Block

Address with Zip Code: PO Box 40488, Tucson, AZ 85717

Partner's/Member's/Secretary's Name: Rebecca Block

<sup>/Treasurer</sup>  
Address with Zip Code: PO Box 40488 Tucson, AZ 85717

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: Buying and selling new and used clothing and accessories.

**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: Kerstin Block Date: 4/19/11

Print Name: Kerstin Block Phone: 520-622-2711

**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: Kerstin Block Date: 4/19/11

**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.

Wesley Blood - President, Buffalo Exchange, Ltd.  
\*Signature of Individual or Corporate Name (Mandatory)

see above  
By: Corporate Officer (Mandatory, if a corporation)

FEIN: 86-0354518  
\*\*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.



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: Buffalo Exchange  
Address: PO Box 40448  
City: Tucson State: AZ Zip: 85717 Phone #: 520-622-2711

- I am an employer with 9 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: Farmers Insurance  
Address: 4680 Wilshire Blvd  
City: Los Angeles State: CA Zip: 90010 Phone #: 800-369-0544  
Policy #: D1508017300 Expiration Date: 5/13/2012

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: Kerstin Block Date: 4/19/11  
Print Name: Kerstin Block

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 \_\_\_\_\_