

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 10/7/2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 11-5-10
Amount Paid 250.00

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

CITY CLERK'S OFFICE
SOMERVILLE MA
2010 NOV - 5 11:45

Business Name: All Checks Cashed, Inc. Phone: (617) 602-1211

Business DBA Name (if applicable):

Address with Zip Code: 12 Union Sq., Somerville, MA 02145

Tax Identification Number: 04-3174450 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to): All Checks Cashed, Inc.

Address with Zip Code: 595 Washington St, Dorchester, MA 02124

Property Owner Name: Thomas Brennan, trustee of JT Trust Phone: (781) 862-0742

Address with Zip Code: Huckins Farm - 12 Pheasant Lane, Bedford, MA 01730

Emergency Contact 1: Idalia Flores Phone: (617) 592-1010

Emergency Contact 2: Olga Figueroa Phone: (351) 201-1519

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
X 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: Richard A. Barr 12/21/1940

Address with Zip Code: 85 Hibbard Rd, Winnetka, IL 60093

Partner's/Member's/Secretary's Name: Michael Levitt 12/27/1944

Address with Zip Code: 2230 W. Palmer, Chicago, IL 60647

Partner's/Member's/Treasurer's Name: Michael Levitt 12/27/1944

Address with Zip Code: 2230 W. Palmer, Chicago, IL 60647

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 gold

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: [Signature] Date: 10/7/10

Print Name: Idalia Flores Phone: (617) 592-1010

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: Paul J. Navarro Paz ED. MVB Date: 10/29/10

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 10/12/2010

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: [Signature] Date: 10/7/10



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: All Checks Cashed, Inc.

Address of taxpayer/applicant's business in Somerville: 12 Union Sq, Somerville, MA 02145

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

Taxpayer/applicant's phone: day: (617) 592-1010 evening: (617) 592-1010

I, (print name) Idalia Flores, 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 7th day of October, 2010. [Signature]
(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: _____
02073010 # 123078011 # 30051985 # _____

NOTES:

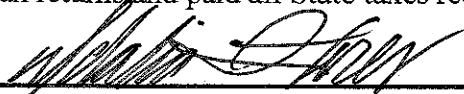
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

Received
11/10/10

**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.



*Signature of Individual or Corporate Name (Mandatory)

Vice - President

By: Corporate Officer (Mandatory, if a corporation)

04-3174450

**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: All Checks Cashed, Inc.

Address: 12 Union Sq.

City: Somerville State: MA Zip: 02145 Phone #: (617) 666-1011

- I am an employer with 62 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 check cashing

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual

Address: 10 Corporate Drive, Suite 100

City: Bedford State: NH Zip: 03110 Phone #: (800) 762-5026

Policy #: WC1-315-371413-019 Expiration Date: 2/2/2011

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: [Signature] Date: 10/7/10

Print Name: Idalia Flores

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)

VDAC

**ISSUING OFFICE 181
INFORMATION PAGE**



**Workers Compensation and
Employers Liability Policy**

ACCOUNT NO. 1-371613		SUB ACCT NO. 0000		Liberty Mutual Insurance Group/Boston LIBERTY MUTUAL INSURANCE CO				15628
POLICY NO. WC1-31S-371613-010		TD/CD XX X	SALES OFFICE WESTON	CODE 102	SALES REPRESENTATIVE ASSIGNED	CODE 3000	N/R 2	1ST YEAR 2009

Item 1. Name of ALL CHECKS CASHED INC MA

Insured

FEIN 04-3174450

Address C/O R & L MANAGEMENT CO INC
425 HUEHL RD BLDG 3
NORTHBROOK, IL 60062

RISK ID 332125

Status 03 - CORPORATION

Other workplaces not shown above: SEE ITEM 4

Item 2. Policy Period: From	Mo. Day Year 02-08-2010	to	Mo. Day Year 02-08-2011
12:01 AM standard time at the address of the insured as stated herein.			

Item 3. Coverage

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	500,000	each accident
Bodily Injury by Disease	500,000	policy limit
Bodily Injury by Disease	500,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE END WC 20 03 06A

D. This policy includes these endorsements and schedules: SEE EXTENSION OF INFORMATION PAGE

Item 4. Premium - The premium for this policy will be determined by our Manuals of Rules Classifications Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis	Rate	LINE 110
		Estimated Total Annual Premiums	Per \$100 of RE-muneration	Estimated Annual Premiums
SEE EXTENSION OF INFORMATION PAGE				
Minimum Premium	\$ 183	(MA)	Total Estimated Annual Premium	\$ 2,781
Interim adjustment of premium shall be made: ANNUAL				

This policy, including all endorsements issued therewith, is hereby countersigned by _____

Authorized Representative Date 12-29-09

Loc. Code	Term. Oper. 12-29-09	Audit Basis	Periodic Payment	Rating Basis NR	Pol. H.G.	Home State MA	Dividend	RENEWAL OF: WC1-31S-371613-019
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Extension of Information Page WC 00 00 01 A Item 4.

State of: MASSACHUSETTS

Classification of Operations Entries in this item, except as specifically provided elsewhere in this policy; do not modify any of the other provisions of this policy	Code No.	Premium Basis	Rate	Estimated Annual Premium
		Estimated Total Annual Remuneration	Per \$100 Of Remuneration	
0001-05 ALL CHECKS CASHED INC MA FEIN # 04-3174450 SIC CODE 6099 NAIC CODE 522390 11-12 UNION SQ SOMERVILLE MA 02143-0000 CLERICAL OFFICE EMPLOYEES NOC	8810	\$ 115,500	.12	\$ 139.00
TOTAL CLASS PREMIUM				\$ 139.00
INCREASE LIMITS 1.01	9807			\$ 1.00
MERIT RATING PLAN 1.00	9886			\$ 0.00
STANDARD TOTAL				\$ 140.00
TERRORISM RISK INS ACT 2002 .03	9740			\$ 35.00
MACHWC (SURCHARGE) 1.072	0936			\$ 10.00
FINAL TOTAL				\$ 185.00

Experience Modification:

RISK ID: 332125

Policy No. WC1-31S-371613-010

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