

# APPLICATION FOR A JUNK DEALER LICENSE

Nonrefundable Application Fee \$250.00

Date

4/2/15

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

4/30/15

Amount Paid

\$250-

CITY CLERK'S OFFICE  
SOMERVILLE, MA

2015 APR 30 PM 5:38

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Pleasant Exchange Phone: (978) 239-1913

Applicant's Federal Employer Identification Number: 272550411

Applicant's Legal Name: Michael Lerner

Applicant's Address (with Zip Code): 370 Mystic Ave Somerville MA 02145

Mailing Name (where we should send correspondence to): Michael Lerner

Mailing Address (with Zip Code): 12 Wood Hope Lane Salem, MA 01970

Emergency Contact: Boris Lerner Phone: 978-973-3763

Type of Business (Check Only One and Provide the Names Indicated):

☒ Sole Proprietor: Name of Owner: Michael Lerner

☐ Partnership (inc. LLP): Name of Partnership:

Names of All Partners Who Own More Than 10%:

☐ Trust: Name of Trust:

Names of All Trustees Who Own More Than 10%:

☐ Corporation: Name of Corporation:

Name of President:

Name of Secretary: Name of Treasurer:

☐ LLC: Name of LLC:

Names of All Managers:

☐ Other (Attach a Description of the Form of Ownership and the Names of Owners)

Will you lend money on the security of personal property lent to you? Yes X No

Will you operate as a pawnbroker? Yes X No

Will you be primarily buying, selling, or both in Somerville? Buying Selling X Both

What type of objects will you primarily buy? ELECTRONICS

What type of objects will you primarily sell? Electronics

### CONSENT OF PROPERTY OWNER

I hereby state that I am the owner of the property on which this Junk Dealer proposes to operate, and I have given consent for this activity to occur as described in this application.

Signature of Property Owner Liang Li Date 4/6/2015

For (Print Legal Name of Property Owner) Liang Li Phone 617-838-5728

### 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. I also certify that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: [Signature] Date:                     

Print Name: Michael Lerner Phone: 978-239-1913

### FOR NEW APPLICANTS OR APPLICANTS WITH ADDITIONS OR CHANGES:

#### INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

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

Signature: Al Bargo Date: 4/31/15

Print Name: Al Bargo Phone: XT 5616

#### POLICE DEPARTMENT RECOMMENDATION:

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

Signature: Deputy Chief P. R. TANT Date: 4/9/15

Print Name: PALL R. TANT Phone: 617-625-1600

## CONDITIONS

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer.
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale.
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased, exchanged, or sold, including a description of the item, the price paid, the date and time of the transaction, and the name, age and residence of the seller/buyer.
8. \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

9/2/15



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Pleasant Exchange

Address of taxpayer/applicant's business in Somerville: 370 Mystic Ave.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: (617) 718-0567 evening: (978) 239-1913

I, (print name) Michael Lerner, 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 second day of April, 2015. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>NA</u>	# <u>NA</u>	# <u>NA</u>	# _____

**NOTES:**

CLERK'S INITIALS: SR

ORIGINAL STAMP:

SR  
4-2-15



*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: Michael Lerner  
Address: 370 Mystic Ave.  
City: Somerville State: MA Zip: 02145 Phone #: 617-718-0567

- ☐ 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: [Signature] Date: 4/23/15  
Print Name: Michael Lerner

*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 \_\_\_\_\_

I, Davinder Grover, am vouching for Michael Lerner both personally and professionally.

I am the owner of Edson Shoes Inc., located at 86 Pleasant St. in Malden, MA. I have been at this location for over 10 years, and Mr. Lerner and I have been professional neighbors for five years. In this time, we have become very friendly and have collaborated to better both of our businesses.

I can positively vouch that he has never caused a concern or had an issue that was problematic for us in our entire time as neighbors in the same building. I can also assert that he would be a valuable asset to Somerville's business community.

I, or my son and partner can be reached at mgrover\_97@yahoo.com.

Davinder Grover

4/2/2014

Davinder Grover ----- Owner, Edson Shoes Inc.

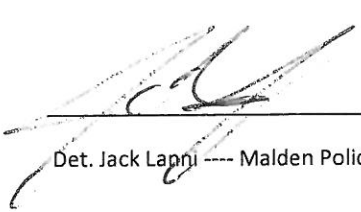
86 Pleasant St. Malden, MA 02148

As a favor to Junk License applicant Michael Lerner, I, Det. Jack Lanni of the Malden Police, would like to assert and sign this document vetting Mr. Lerner as an honorable and upstanding business owner.

Mr. Lerner operated his business, Pleasant Exchange, at 88 Pleasant St. for 5 years. During this period, he operated within the rules and regulations of the city, and in complete cooperation with the Malden Police. There was not one issue regarding his business in our city, and he was completely cooperative in assisting us with various investigations we needed to perform as well. He was also very diligent with his reporting of both serial and seller information on all applicable products bought from the public.

I have on a more personal basis dealt with Mr. Lerner in my capacity as a liaison and fund raiser for the Malden Police Patrolman's Association, to which he would donate once per year. For this and the above reasons, I am more than happy to assist in Mr. Lerner's new license application in the city of Somerville as a voucher for his character and upstanding business practices.

I can be reached over the phone or e-mail as well for any further assistance.

  
Det. Jack Lanni ----- Malden Police Dept

3/30/2015



**MALDEN POLICE DEPARTMENT**

**JACK LANNI**  
DETECTIVE

200 Pleasant Street  
Malden, MA 02148

Tel. 781-397-7181  
Fax 781-322-1300

[jlanni@maldenpd.com](mailto:jlanni@maldenpd.com)