



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW JUNK DEALER LICENSE**

**ALL CHECKS CASHED INC  
595 WASHINGTON ST  
DORCHESTER, MA 02124**

License #: **703**

Fee: **250.00**

Account ID: **585**

Reference #: **703**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: <b>ALL CHECKS CASHED INC</b> Business Location: <b>12 UNION SQ</b> Business Phone: <b>617-666-1011</b>	
License Holder: <b>ALL CHECKS CASHED INC</b> <b>595 WASHINGTON ST</b> <b>DORCHESTER, MA 02124</b> <b>617-666-1011</b>	
Mailing Address: <b>ALL CHECKS CASHED INC</b> <b>595 WASHINGTON ST</b> <b>DORCHESTER, MA 02124</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - MICHAEL LEVITT</b> <b>TREASURER - MICHAEL LEVITT</b> <b>PRESIDENT - RICHARD BARR</b>	
FID: <b>043174450</b>	
Food Manager/Emergency Contact: <b>IDALIA FLORES</b> <b>617-592-1010</b>	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:  
**MERCHANDISE: GOLD**

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Idalia Flores* Date: 3/3/14  
Print Name: Idalia Flores Phone: (617) 592-1010



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**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  
02145  
Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_  
Taxpayer/applicant's phone: day: (617) 592-7010 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 3<sup>rd</sup> day of March, 20 14. *Idalia Flores*  
(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: \_\_\_\_\_

# N/A      # 123078011      # 1208      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: *Q*

ORIGINAL STAMP:  **RECEIVED**  
3/5/14 

The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: All Checks Cashed, Inc.  
 Address: 12 Union Square  
 City: Somerville State: MA Zip: 02145 Phone #: (617)

- I am an employer with 50 employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 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 P.O. Box 9525 Manchester, NH 03108  
 City: Bedford State: NH Zip: 03110 Phone #: (800) 762-5068  
 Policy #: WC 2-315-371413-014 Expiration Date: 2/8/15

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: 3/3/14  
 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 \_\_\_\_\_