

APPLICATION FOR A SWORN WEIGHER LICENSE

City of Somerville, Commonwealth of Massachusetts

Date July 7, 2010

To the Honorable Mayor and the Board of Aldermen of the City of Somerville:

The undersigned respectfully prays that he/she may be granted a license to operate as a Sworn Weigher in the City of Somerville. 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 Mayor or Board of Aldermen. Such permission shall be revocable at any time at the pleasure of the Board of Aldermen.

Name Jill Boebhiser Date of Birth February 14, 1984

Address, City, Zip 24 Bond St Malden MA 02148

I have lived at this address since 1990 Telephone 781-853-3723

Present Employer Waste Management Present Occupation Scale Operator

Present Employer's Telephone 617-776-1000

I seek appointment for the following reasons to weigh trucks in Somerville

I have the following qualifications 5 years experience

I expect to serve the following organizations Waste Management

I certify that I am a citizen of the United States and that all statements in this application are true and accurate under the pains and penalties of perjury.

Signature [Signature]

POLICE CHIEF RECOMMENDATION:

I, the Chief of Police, having reviewed this application for appointment or reappointment as a Constable and having, at the request of the Mayor, investigated the reputation and character of the applicant and his or her fitness for the office, all as provided by MGL c. 41 s. 91B, recommend that this application be:

Signature [Signature] Approved [checked] Denied [] Date 7/23/2010

Vertical stamp: POLICE CHIEF'S OFFICE, CITY OF SOMERVILLE, MA

CRIMINAL HISTORY SYSTEMS BOARD
PUBLIC RECORD REQUEST INFORMATION

Radakovich
Last Name

Jim
First Name

L
M.I.

Maiden Name

2-14-1984
Date Of Birth

Social Security Number
(Requested But Not Required)

List any aliases used:

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)

By: Corporate Officer (Mandatory, if a corporation)

** 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

1. Exact name of taxpayer/applicant's business: Waste Management
2. Address of taxpayer/applicant's business in Somerville: 10 Poplar St Somerville MA
3. Address of taxpayer/applicant's home in Somerville: _____
4. Taxpayer/applicant's phone: day: 617-776-1000 evening: _____

I, Jill Bodenbiser, 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 _____ day of

_____, 20 10. Jill
(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>99736030</u>	# <u>145032011</u> <u>145032001</u>	# <u>30051028</u>	# _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **received**
UBarrows
7-14-10