



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

**APPLICATION TO RENEW OUTDOOR PARKING LICENSE**

**NISSENBAUM AUTO PARTS INC**  
480 COLUMBIA ST  
SOMERVILLE, MA 02143

License #: 852

Fee: 1,520.00

Account ID: 588

Reference #: 852

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>NISSENBAUM AUTO PARTS INC</b> Business Location: <b>480 COLUMBIA ST</b> Business Phone: <b>617-776-0194</b>	
License Holder: <b>NISSENBAUM AUTO PARTS INC</b> <b>480 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-776-0194</b>	
Mailing Address: <b>NISSENBAUM AUTO PARTS INC</b> <b>480 COLUMBIA ST</b> <b>SOMERVILLE, MA 02143</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - ALLEN NISSENBAUM</b> <b>TREASURER - ALLEN NISSENBAUM</b> <b>PRESIDENT - JOE NISSENBAUM</b>	
FID: <b>042523815</b>	
Food Manager/Emergency Contact: <b>JOE NISSENBAUM</b> <b>781-862-6933</b>	

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

Hours: **NOT APPLICABLE**

76 SPACES

Description of Location and/or Other Conditions:

*490 Columbia St.*

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: *Allen Nissenbaum* Date: *2/28/14*

Print Name: Allen Nissenbaum Phone: 617-625-0000



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: NISSENDAN'S AUTO PARTS INC

Address of taxpayer/applicant's business in Somerville: 480 COLUMBIA ST

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

Taxpayer/applicant's phone: day: 617-776-0194 evening: 617-501-6937

I, (print name) ALLEN NISSENDAN, 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 day of MARCH, 2014. [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: \_\_\_\_\_

# 096A 0002300000 # 124043001 # 110060 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

**RECEIVED**  
3-27-14

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: Nissenbaum's Auto Parts Inc  
Address: 480 Columbia St  
City: Somerville State: MA Zip: 02143 Phone #: 617-776-0184  
 I am an employer with 5 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: A-I-M. Mutual Ins Co  
Address: \_\_\_\_\_  
City: Boston State: MA Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: 6015578 Expiration Date: 12/31/14

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: Allen Nissenbaum Date: 2-28-14  
Print Name: ALLEN NISSENBAUM

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