

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 5/14/2012

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/18/12

Amount Paid 250.00

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: David Susi Phone: 617 202 1075

Applicant's Address (with Zip Code): ~~1242 Broadway~~ 91 Clarendon Ave

Applicant's Email Address: TaylasPlace@yahoo.com

Applicant's Federal Employer Identification Number: 014607080

Business DBA Name (if applicable): Talya's Place

Business Location (with Zip Code): 1242 Broadway

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): Same 02144

Emergency Contact: Delio Susi Phone: 617 694 3700

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☐ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: David Susi

Address with Zip Code: 1242 Broadway 02144

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2012 MAY 18 A 11:26
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: To Buy + sell vintage & Second Hand merchandise

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: David Susi Date: 5/14/2012

Print Name: David Susi Phone: 617-202-1075

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: [Signature] Date: 5/18/12

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: [Signature] Date: 5/15/2012

CONDITIONS

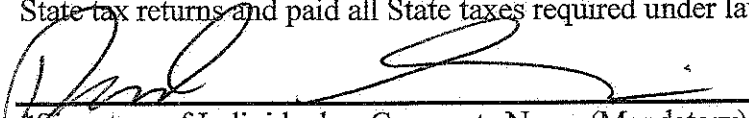
1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3: _____

Signature of Applicant: David Susi Date: 5/14/2012

**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)

014-60-7080

**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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: David Susi

Address of taxpayer/applicant's business in Somerville: 91 Clarendon Ave

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

Taxpayer/applicant's phone: day: 617 202 1075 evening: _____

I, (print name) David Susi, 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 14 day of May, 20 12.
David Susi
(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: _____

3506 # 335058601 # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:



RECEIVED
UBA
5-14-12



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: _____

2. Address of Work: 242 Broadway St

OR

3. Taxpayer's Home Address: _____

Phone: day: _____ evening: _____

4. Business Owner's Home Address: _____

Business Owner's Phone: day: _____ evening: _____

5. Business I.D. Number _____

I, _____, 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
_____, 200_____.

(Business/Real Estate Owner's signature)

Please Print Owner's Name

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal ☐ Other: _____

_____ # 335022001 # _____ # _____

CLERK'S INITIALS: LC

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 Ext. 3522 • TTY: (617) 666-0001 • Fax: (617) 666-9682

OK 5/15/12

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: David Susi
Address: 1242 Broadway
City: Somerville State: Ma Zip: 02144 Phone #: 617202-1675

- ☐ 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: 5/14/2012
Print Name: David Susi

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 _____