

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 03.17.2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid 250.00

2011 MAR 30 P 1:34

CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☒ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Argam Hambarzumyan Phone: 617 840 2730

Applicant's Address (with Zip Code): 19 Dexter AVE apt # 1 02472

Applicant's Email Address: argamgus@yahoo.com

Applicant's Federal Employer Identification Number: 27-2753680

Business DBA Name (if applicable): DELTA JEWELRY AND REFINING

Business Location (with Zip Code): 90 Highland Ave Somerville MA 02143

Mailing Name (where we should send correspondence to): 90 Highland Ave Somerville MA

Mailing Address (with Zip Code): same

Emergency Contact: dilit 617 840 2718

Phone: _____

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

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

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: _____

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: Delta Jewelry & Refining is a
retail store with jewelry and watch repair
also cash for gold

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: [Signature] Date: 03.17.2011
Print Name: Argam Hambardzumyan Phone: 617 840 2730

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: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

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

Signature: _____ Date: _____

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: _____ Date: _____

**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.

Delta Jewelry & Refining
*Signature of Individual or Corporate Name (Mandatory)

Argam Hambardzumyan Attorney president
By: Corporate Officer (Mandatory, if a corporation)

27-2753680
**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

Exact name of taxpayer/applicant's business: Delta Jewelry & Refining INC

Address of taxpayer/applicant's business in Somerville: 90 Highland Ave

Address of taxpayer/applicant's home in Somerville: 19 Dexter Ave #1 02142

Taxpayer/applicant's phone: day: 617 840 2730 evening: 617 840 2730

I, (print name) Argam Hambarzumyan, 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 23 day of

march, 2011

[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: _____

19643170 # 229032001 # _____ # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



RECEIVED
LBarray
3-23-11

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: Argam Hambardzumyan
Address: 18 Dexter AVE
City: Watertown State: MA Zip: 02472 Phone #: 617 890 2730

- ☐ I am an employer with _____ employees Business Type: ☐ Retail
(full and/or part time). ☐ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)
employees. ☐ Nonprofit
☒ We are a corporation that has exercised our right of ☐ Entertainment
exemption per c152 s1(4), and have no employees. ☐ Manufacturing
☐ We are a nonprofit organization staffed by ☐ Health Care
volunteers and have no employees. ☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: not applicable
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: 03.17.2011
Print Name: Argam Hambardzumyan

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 _____