

# 436  
REF 535

**APPLICATION FOR A JUNK DEALER LICENSE**

Application Fee \$250.00

Date 3/20/2012

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/2/12</u>
Amount Paid	<u>\$250.00</u>

2012 APR - P 2:01  
 CITY CLERK'S OFFICE  
 U.S. MAIL

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: BUFFALO EXCHANGE, LTD Phone: 520-622-2711

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 238 ELM ST, SOMERVILLE, MA 02144

Tax Identification Number: 80-0354518 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): KERSTIN BLOCK

Address with Zip Code: PO BOX 40488, TUCSON, AZ 85717

Property Owner Name: SITT REALTY, LLC Phone: 617-928-1700

Address with Zip Code: C/O MYER DANA & SONS, INC, 1340 CENTRE ST, STE 101  
NEWTON, MA 02459

Emergency Contact 1: LISA DEFREITAS Phone: 617-629-

Emergency Contact 2: \_\_\_\_\_ 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: KERSTIN BLOCK

Address with Zip Code: PO BOX 40488, TUCSON, AZ 85717

Partner's/Member's/Secretary's Name: REBECCA BLOCK

Address with Zip Code: PO BOX 40488, TUCSON, AZ 85717

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: BUYING AND SELLING NEW AND USED CLOTHING AND ACCESSORIES

**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: Kerstin Block Date: 3/20/12

Print Name: KERSTIN BLOCK Phone: 520-622-2711

**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: Kerstin Block Date: 3/20/12

**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.

*Kristine Blod*

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

*SEE ABOVE*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*FEIN 80-0354518*

\_\_\_\_\_  
\*\*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: BUFFALO EXCHANGE, LTD

Address of taxpayer/applicant's business in Somerville: 238 ELM ST. 02144  
(236 ELM; 26, A2)

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 520-622-2711 evening: ---

I, (print name) KERSTIN BLOCK, 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 20<sup>th</sup> day of MARCH, 20 12. Kerstin Block  
(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: \_\_\_\_\_  
# 1962622      # 313084011      # AAA      # \_\_\_\_\_

NOTES: 4919

471

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
3/29/12

**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: BUFFALO EXCHANGE, LTD  
 Address: PO Box 40488  
 City: TUCSON State: AZ Zip: 85717 Phone #: 520-622-2711

- I am an employer with 11 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: FARMERS INSURANCE  
 Address: 4080 WILSHIRE BLVD  
 City: LOS ANGELES State: CA Zip: 90010 Phone #: 800-369-0544  
 Policy #: D1508017300 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: Kerstin Block Date: 3/20/12  
 Print Name: KERSTIN BLOCK

*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 \_\_\_\_\_