



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Junk Dealer License

ATLAS METALS INC
475 COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-000053
File #: 15-60
Fee: 275

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: ATLAS METALS INC Business Location: 475 COLUMBIA ST Business Phone: 617-666-8440	
License Holder: ATLAS METALS INC 475 COLUMBIA ST SOMERVILLE MA 02143	
Mailing Address: ATLAS METALS INC 475 COLUMBIA ST SOMERVILLE MA 02143	
Business Type: Corporation JANICE WEISBERG <i>PRES.</i> JOSEPH WEISBERG <i>TREAS.</i> EDWARD WEISBERG	<i>SEC: ?</i>
FID: 043172975	
Emergency Contact: JOSEPH WEISBERG Phone: 781-861-6653	
Will you operate as a Pawnbroker? No Describe the wares you will primarily purchase: Scrap. Describe the wares you will primarily sell: Scrap.	

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

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale
5. Only one junk dealer may operate at any one location.
6. No junk dealer may store items anywhere in the City except at the location(s) named in this application.
7. Every junk dealer must report on a monthly basis, to the Police Department, every item purchased,



2016 FEB 29 A 11:50

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ATLAS METALS INC.

Address of taxpayer/applicant's business in Somerville: 475 COLUMBIA STREET

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

Taxpayer/applicant's phone: day: 617-666-8440 evening: 781-861-6653

I, (print name) JOSEPH M. WEISBERG, 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 25TH day of FEBRUARY, 2016.

Joseph M. Weisberg
(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: _____

3826 # 146010 001 # 356 # _____

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:

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: ATLAS METALS INC.

Address: 475 COLUMBIA STREET

City: SOMERVILLE

State: MA.

Zip: 02143

Phone #: 617-666-8440

- ☐ I am an employer with _____ 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 METAL RECYCLER

Workers' compensation insurance information (if applicable):

Insurance Company Name: L M INSURANCE CORPORATION

Address: P.O. BOX 9525

City: MANCHESTER

State: N.H.

Zip: 03108

Phone #: 800-562-3936

Policy #: WC5-31S-371064-015

Expiration Date: 12-06-2016

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: Joseph M. Weisberg

Date: 2-25-2016

Print Name: JOSEPH M. WEISBERG

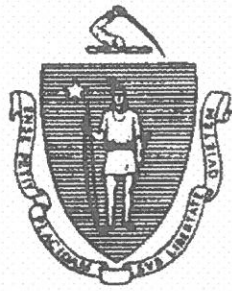
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- ☐ Board of Health
- ☐ Building Department
- ☐ City/Town Clerk
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Other _____

NOTICE
TO
EMPLOYEES



NOTICE
TO
EMPLOYEES

The Commonwealth of Massachusetts DEPARTMENT OF INDUSTRIAL ACCIDENTS

600 Washington Street, Boston, Massachusetts 02111

617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

LM INSURANCE CORPORATION

NAME OF INSURANCE COMPANY

PO Box 9525, Manchester, NH 03108 (800) 562-3936

ADDRESS OF INSURANCE COMPANY

WC5-31S-371064-015

12-06-2015

12-06-2016

POLICY NUMBER

EFFECTIVE DATES

THE SHANNON AGENCY

PO BOX 487 SEEKONK, MA 02771

(888) 347-6330

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

ATLAS METALS INC

475 COLUMBIA ST SOMERVILLE, MA 02143

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

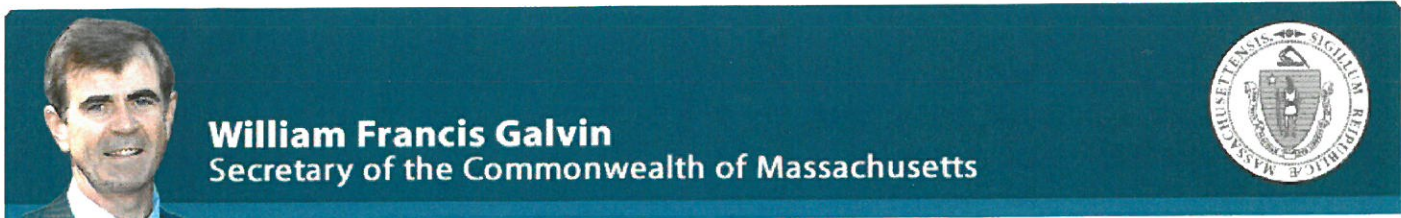
MEDICAL TREATMENT

The above-named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER



Corporations Division

Business Entity Summary

[Request certificate](#)

[New search](#)

Summary for: ATLAS METALS, INC.

The exact name of the Domestic Profit Corporation: ATLAS METALS, INC.			
Entity type: Domestic Profit Corporation			
Identification Number: 043172975		Old ID Number: 000410369	
Date of Organization in Massachusetts: 11-03-1992			
		Last date certain:	
Current Fiscal Month/Day: 12/31		Previous Fiscal Month/Day: 00/00	
The location of the Principal Office: Address: 475 COLUMBIA ST. City or town, State, Zip code, SOMERVILLE, MA 02143 USA Country:			
The name and address of the Registered Agent: Name: Address: City or town, State, Zip code, Country:			
The Officers and Directors of the Corporation:			
Title	Individual Name	Address	
PRESIDENT	JANICE C. WEISBERG	33 CHERYL LN., WALTHAM, MA 02154 USA	
TREASURER	JOSEPH WEISBERG MR.	29 JUSTIN ST LEXINGTON, MA 02420 USA	
SECRETARY	EDWARD WEISBERG MR	33 CHERYL LANE WALTHAM, MA 02154 MA	
DIRECTOR	JANICE C. WEISBERG	33 CHERYL LN., WALTHAM, MA 02154 USA	
DIRECTOR	JOSEPH WEISBERG MR.	29 JUSTIN ST LEXINGTON, MA 02420 USA	
DIRECTOR	EDWARD WEISBERG MR	33 CHERYL LANE WALTHAM, MA 02154 MA	
Business entity stock is publicly traded: <input type="checkbox"/>			
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:			
Class of Stock	Par value per share	Total Authorized	Total issued and outstanding