



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

APPLICATION TO RENEW JUNK DEALER LICENSE

SPINDLE CITY PAWNBROKERS INC
SPINDLE CITY PRECIOUS METALS
209 BEDFORD ST #204
FALL RIVER, MA 02721

License #: 63

Fee: 250.00

Account ID: 72

Reference #: 63

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: For SPINDLE CITY PRECIOUS METALS Business Location: 30 WASHINGTON ST Business Phone: 508-567-1597	
License Holder: SPINDLE CITY PAWNBROKERS INC SPINDLE CITY PRECIOUS METALS 209 BEDFORD ST #204 FALL RIVER, MA 02721 508-567-1597	<i>161 Wilbur Ave Somerset, MA 02725</i>
Mailing Address: SPINDLE CITY PAWNBROKERS INC 209 BEDFORD ST #204 FALL RIVER, MA 02721	<i>161 Wilbur Ave Somerset, MA 02725</i>
Business Type: CORPORATION (INC. LLC) PRESIDENT - AARON TETRAULT SECRETARY - AARON TETRAULT	
FID: 113716613	
Food Manager/Emergency Contact: ERNEST SPRAGUE 401-489-4668	<i>508-567-1597</i>

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

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

MERCHANDISE: PRECIOUS METALS

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: *Aaron Tetrault*

Date: *4/13/13*

Print Name: *Aaron Tetrault*

Phone: *508-567-1597*

2013 APR 17 P 1:39
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Spindle City Pawnbrokers Inc, dba Spindle City Precious Metals
Address: 161 Wilbur Ave
City: Somerset State: MA Zip: 02725 Phone #: 508-567-1597

- ☒ I am an employer with 2 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 _____

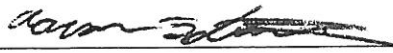
Workers' compensation insurance information (if applicable):

Insurance Company Name: A.I.M. Mutual Insurance Company
Address: 54 Third Avenue
City: Burlington State: MA Zip: 01803 Phone #: (800) 876-2765
Policy #: AWC-400-7018676-2013A Expiration Date: 3/10/14

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:  Date: 4/15/13
Print Name: Aaron Tetraolt 5

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Spindle City Precious Metals

Address of taxpayer/applicant's business in Somerville: 30 Washington St

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

Taxpayer/applicant's phone: day: 508-567-1517 evening: _____

I, (print name) Aaron Tetrault, 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 15 day of April, 2013. [Signature]
(Taxpayer's signature) 5

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: _____

15549 # 661022001 # 1272
3641 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
Barus
4-17-13