



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

2015 OCT 30 A 9:15

CITY CLERK'S OFFICE
 SOMERVILLE, MA

Application to Renew Used Car Dealer License

NISSENBAUM AUTO PARTS INC
480 COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-001000
File #: 15-789
Fee: 550

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: NISSENBAUM AUTO PARTS INC Business Location: 0 WINDSOR ST Business Phone: 617-776-0194	
License Holder: NISSENBAUM AUTO PARTS INC 480 COLUMBIA ST SOMERVILLE MA 02143	
Mailing Address: NISSENBAUM AUTO PARTS INC 480 COLUMBIA ST SOMERVILLE MA 02143	
Business Type: Corporation JOSEPH NISSENBAUM ALLEN NISSENBAUM ALLEN NISSENBAUM	
FID: 042523815	
Emergency Contact: JOE NISSENBAUM Phone: 617-501-6933	
Dealership Class: Class 3 # of Vehicles Kept Inside: 0 # of Vehicles Kept Outside: 0 Proposed Hours of Operation if operating outside standard hours: Not Applicable	

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: *Allen Nissenbaum* Date: 10-27-15
 Printed Name: Allen Nissenbaum Phone: 617-776-0194

**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: NISSEWANDERS AUTO PARTS INC.
 Address: 480 COLUMBIA ST.
 City: SOMERVILLE State: MA Zip: 02143 Phone #: 617-226-0194

- I am an employer with 5 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.Z.M. MUTUAL INS CO
 Address: 54 Third AVE.
 City: BURLINGTON State: MA Zip: 01803 Phone #: 781-221-1600
 Policy #: VWC-100-6015528-2015A Expiration Date: 5/1/16

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: *Robert Nissewander* Date: 10/22/15
 Print Name: ROBERT NISSEWANDERS

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

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____
 Contact Person: _____ Phone #: _____