

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

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 follow	wing is tru	e:		
-All information shown above is true and accurate.				
 -Any changes above are subject to the approval of the BO. 	ARD OF A	ALDERMEN.		
-Any changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.				
Signature: Alley Melley	_ Date:	10-21-15		
Printed Name: Accen Wissenbaum	_ Phone:_	617-176-0194		



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

		1 Acriba	LAXO You		
Exact name of taxpayer/app	plicant's business:	issometims 11-00 VF	tors Inc		
Address of taxpayer/applic	ant's business in Somer	ville: 0 Windsor	57.		
Address of taxpayer/applic	ant's home in Somervill	le:			
Taxpayer/applicant's phone	e: day: <u>617-776-0</u>	evening: 617- 6	139-3669		
I, (print name) ACLEO hereby certify that all the idue the City have been parand fees and is current on s	nformation contained had or that the Taxpayer said agreement.	the undersigned erein is true and correct and has entered into an agreement	l Taxpayer, do all taxes and fees nt to pay all taxes		
SIGNED UNDER THE P	AINS AND PENALTI	ES OF PERJURY, this	day of		
OCTOBER THE PAINS AND TENANT OF THE TAINS AND TENANT OF THE TENANT OF THE TAINS AND TENANT OF THE TENANT OF THE TENANT OF THE TENANT OF THE TAINS AND TENANT OF THE					
CITY'S ACKNOWLEDGEMENT					
DATE OF ISSUANCE: 10-30-15 INCLUDES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
Real Estate	☑Water/Sewer	Personal Property	Other:		
# 696-A.00009-00000	NÉ# 124043001	# 110060PP	# \		
NOTES: CLERK'S INITIALS: _	5/2	ORIGINAL STAMP:	10-30-15		
SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143					

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:		120	
Name: NISSENIAUMS /	TUTO PARTS	BNOC	· ,
Address: 480 Columbia			
City: Somerouls		Cip: O2143 Phone #	617-776-0184
I am an employer with employer (full and/or part time). I am a sole proprietor or partnership employees. We are a corporation that has exercive exemption per c152 s1(4), and have we are a nonprofit organization start volunteers and have no employees.	o and have no	Restaurant/Bar/Eating Office and/or Sales (real Nonprofit Entertainment Manufacturing Health Care Other	
Workers' compensation insurance in	formation (if applicable):	
Insurance Company Name: A.Z.	n. MUTUAL	Ins Co	
Address: 34 Third			
City: BUTLINGton	State: MAZ	ip: 0180 3 Phone #:	181-221-160
Policy#: \wc -100 -601			
Applicant certification:			/
Failure to secure coverage as required penalties of a fine up to \$1,500.00 and WORK ORDER and a fine of \$100.00 orwarded to the Office of Investigation	or one years' imprisonm 00 a day against me. I	ent as well as civil penalt understand that a copy	ties in the form of a STOP
do hereby certify under the pains and p	/ penalties of perjury that the	ne information provided a	bove is true and correct.
Signature: Oly ///M		Date:	15/22/15
Print Name: ALLEN WISSEA	ch de		
			quit de les serses un pe
Official use only. Do no	t write in this area. To be	e completed by city or ton	vn official.
City or Town:	Permit/License #:		☐ Board of Health ☐ Building Department ☐ City/Town Clerk ☐ Licensing Board
Contact Person:	Phone #:		Selectmen's Office Other

(revised Jan. 2008)