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

APPLICATION TO RENEW USED CAR DEALER CLASS 3 LICENSE

License #: **706**

NISSENBAUM AUTO PARTS INC
480 COLUMBIA ST
SOMERVILLE, MA 02143

Fee: **550.00**
Account ID: **588**
Reference #: **706**

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 **NISSENBAUM AUTO PARTS INC** Business Location: **480 COLUMBIA ST** Business Phone: **617-776-0194**	
License Holder: **NISSENBAUM AUTO PARTS INC** **480 COLUMBIA ST** **SOMERVILLE, MA 02143** **617-776-0194**	
Mailing Address: **NISSENBAUM AUTO PARTS INC** **SOMERVILLE, MA 02143**	
Business Type: **CORPORATION (INC. LLC)** **SECRETARY - ALLEN NISSENBAUM** **TREASURER - ALLEN NISSENBAUM**	
FID: **042523815**	
Food Manager/Emergency Contact: **JOE NISSENBAUM** **781-862-6933**	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*
Hours: **NOT APPLICABLE**

2012 NOV 26 A 10:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

Description of Location and/or Other Conditions:

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: _____ Date 11/9/12

Print Name: Allen Nissenbaum Phone 617-776-0194

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: Nissenbaums Auto Parts Inc
Somerville Address and Zip Code: 480 Columbia St. Somerville 02143
Phone Number of the Business: 617-776-0194

The Legal Name of the License Holder: Nissenbaums Auto Parts Inc
Street Address of the License Holder: 480 Columbia St.
City, State and Zip Code of the License Holder: Somerville MA 02143
Phone Number of the License Holder: 617-7760194

Where We Should Send Mail: Name: Same As Above
Street Address:
City, State and Zip Code:

Federal ID # (Do Not Give a Social Security #): 042 523 815

Emergency Contact and his/her Phone Number: Joe Nissenbaum 781 862-6933

Type of Business (Check Only One and Print the Names Indicated):

___Sole Proprietor: Name of Owner:

___Partnership (inc. LLP): Name of Partnership:
Names of All Partners Who Own More Than 10%:

___Trust: Name of Trust:
Names of All Trustees Who Own More Than 10%:

✓Corporation: Name of Corporation: Nissenbaums Auto Parts Inc
Name of President: Joe Nissenbaum
Name of Secretary: Allen Nissenbaum Name of Treasurer: Allen Nissenbaum

___LLC: Name of LLC:
Names of All Managers:

___Other (Attach a Description of the Form of Ownership and the Names of the Owners)

ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: [signature] **Date** 11/9/12

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Nissenbaum's Auto Parts Inc

Address of taxpayer/applicant's business in Somerville: 480 Columbia St Somerville

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-776-0194 evening: 781-862-6933

I, (print name) Allen Nissenbaum, 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 9 day of November, 2012. _____
(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: ___

3728 # 124043001 # 375 # _____

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** RECEIVED 11-26-12

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: Nissenbaums Auto Parts Inc

Address: 480 Columbia St.

City: Somerville State: MA Zip: 02143 Phone #: 617-776-0144

☑ I am an employer with 5 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Industries of Mass Mutual

Address: 54 3rd Ave.

City: Burlington State: MA Zip: 01803 Phone #:

Policy #: WC 6015578012012 Expiration Date: 4/29/13

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: 11/9/12

Print Name: Allen Nissenbaum

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 #:* _____

(revised Jan. 2008)