

## 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	Z01		
	20 4 2		
Conditions: (to change any conditions, submit a new application. Conditions: NOT APPLICABLE  Description of Location and/or Other Conditions:	Contact the City Clerk's Office for more information)  REPR'S OFFICE  A IO: 22		
I hereby certify under the penalties of perjury that the following is to All information shown above is true and accurate.  -Any changes above are subject to the approval of the BOARD OF I have filed all State tax returns and paid all State taxes required to Signature:	ALDERMEN. by law for this business.  Date  1/9/2		
Print Name: A WEN NIGS END AVAN	Phone 6/2-176-0194		

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: Niss and Name: Acto PARTS The Sometime exists Phone Number of the Business: 6/7-776-0194  The Legal Name of the License Holder: Ncs enbrums Acto PARTS That.  Street Address of the License Holder: ABD COLUMBIA ST.  City, State and Zip Code of the License Holder: Sometime MA 02143  Phone Number of the License Holder: 47.7760194  Where We Should Send Mail: Name: Styne As ABBUC  Street Address: City, State and Zip Code:  Federal ID # (Do Not Give a Social Security #): 042523815  Emergency Contact and his/her Phone Number: Tox Nessesham 781862-6933  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%:
Phone Number of the Business: 6/7-776-0194  The Legal Name of the License Holder: Ness enhance Acto Papers Inc.  Street Address of the License Holder: 48 Columbia St.  City, State and Zip Code of the License Holder: Sometivitie MA 02143  Phone Number of the License Holder: 6/7-7760/94  Where We Should Send Mail: Name: Sime As April 8  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: Toe Ness whem 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:
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Partnership (inc. LLP): Name of Partnership:  Names of All Partners Who Own More Than 10%:
Names of All Partners Who Own More Than 10%:  Trust: Name of Trust:
Trust: Name of Trust:
Names of All Trustees Who Own More Than 10%:
Name of President: The Wissenshum Name of Treasurer: Accent Wissenshum Name of LLC:  Name of All Managers:
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:



### City of Somerville, Massachusetts Finance Department, Treasury Division

#### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business:	155 enis Ayon 5 Aut	O PARTS Inc
Address of taxpayer/applicant's business in Somerv	ville: 480 Columbin S	57 Somethers
Address of taxpayer/applicant's home in Somerville		
Taxpayer/applicant's phone: day: 617-176-019	evening: 78/	362-6933
I, (print name) PCCEN NOS ENGRUM.  hereby certify that all the information contained he due the City have been paid or that the Taxpayer I and fees and is current on said agreement.	has entered into an agreen	nent to pay all taxes
SIGNED UNDER THE PAINS AND PENALTING  HOU on Sen , 20 12.	ES OF PERJURY, this  (Taxpayer's signal)	day of day of day of
CITY'S ACKNOW	LEDGEMENT	
DATE OF ISSUANCE: INCLUDE	S RELEVANT POSTINGS THROU	GH:
TAXES AND ACCOUNT NUMBER(S) INCLU		
▼ Real Estate	Personal Property	Other:
# 3728 # [24043001	# 375	#
NOTES: CLERK'S INITIALS:	ORIGINAL STAMP:	RECEIVED LII-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: Nuseus Auto PARTS Inc
Address: 480 Columbia 57.
City: Somewill State: MA Zip: CALY3 Phone #: 619-916-0199
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: ASSOCIATED TROUSTIES OF MASS MUTUAL
Address: 54 3Rd Aue.
City: BURLINGTON State: MA Zip: 0/8/3 Phone #:
Policy #: \u00155780/2012 Expiration Date: \(\frac{4}{29}/13\)
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: 1/9/12
Print Name: Accen Nessenblam
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
Contact Person: Phone #: Other