

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 5/12/12

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/16/12-MS

Amount Paid \$250.00 ck# 1376

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: ~~Edmar~~ Edimar Louzada Phone: 617 895 8129

Applicant's Address (with Zip Code): 12 Knollwood Rd, Medford, MA 02155

Applicant's Email Address: eddie171@yahoo.com

Applicant's Federal Employer Identification Number: 451-801107

Business DBA Name (if applicable): Sunshine Laps

Business Location (with Zip Code): 93 Holland St

Mailing Name (where we should send correspondence to): Eddie Louzada

Mailing Address (with Zip Code): 12 Knollwood Rd, Medford, MA 02155

Emergency Contact: Lucy Wilson Phone: 617 461 3324

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Edimar Louzada

Address with Zip Code: 12 Knollwood Rd, Medford, MA 02155

Partner's/Member's/Secretary's Name: Lucy Wilson

Address with Zip Code: 12 Knollwood Rd, Medford, MA 02155

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA
MAY 16 A 9:27

Will you lend money on the security of personal property lent to you? ☐ Yes ☒ No

Will you operate as a pawnbroker? ☐ Yes ☒ No

Describe your business plan: Retail used furniture

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: X Edimar Louzada Date: 5/12/12

Print Name: Edimar Louzada Phone: 6178958129

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: ☐ Approved ☐ Denied

Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: ☐ Approved ☐ Denied

Signature: _____ Date: _____

CONDITIONS

1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3: _____

Signature of Applicant: X Edimar Louzada Date: 5/12/12

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

EddreLU INC.

*Signature of Individual or Corporate Name (Mandatory)

✓ Edimar Louzada

By: Corporate Officer (Mandatory, if a corporation)

451 801107

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Edimar Louzada / Eddielu Inc

Address of taxpayer/applicant's business in Somerville: 93 Holland St Somerville 02144

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

Taxpayer/applicant's phone: day: 617 895 8129 evening: 617 895 8129

I, (print name) Edimar Louzada, 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 12 day of May, 2012. Edimar Louzada
(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: _____

7505 # 326011001 # 699 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
5-16-12

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: Sunshine Lwyp
Address: 93 Holland St
City: Somerville State: MA Zip: 02144 Phone #: 617 776 2011

- ☒ I am an employer with 3 employees Business Type: ☒ Retail
(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.
- ☐ 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: Liberty Mutual
Address: PO Box 9090
City: Dover State: MA Zip: 03821 Phone #: 800 653 7893
Policy #: MAW-172290 Expiration Date: 4/1/13

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: Lucy Wilson Date: 5/12/12
Print Name: Lucy Wilson, treasurer Eddies INC.

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