



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

ck-1710
\$500

APPLICATION TO RENEW JUNK DEALER LICENSE

**EDIMAR LOUZADA
EDDIE LU INC
12 KNOLLWOOD RD
MEDFORD, MA 02155**

License #: 55

Fee: 250.00

Account ID: 63

Reference #: 55

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 EDDIE'S FURNITURE Business Location: 95 ELM ST Business Phone: 617-895-8129	
License Holder: EDIMAR LOUZADA EDDIE LU INC 12 KNOLLWOOD RD MEDFORD, MA 02155 617-895-8129	
Mailing Address: EDIMAR LOUZADA 12 KNOLLWOOD RD MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - EDIMAR LOUZADA TREASURER - EDIMAR LOUZADA	
FID: 451801107	
Food Manager/Emergency Contact: LUCY WILSON 617-461-3324	

2013 APR 22 P 3:20
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Merchandise: **Used Furniture.**

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: Edimar Louzada

Date

4/12/13

Print Name:

Phone

617-895-8129

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: Eddielu Inc
Address: 12 Knollwood Rd
City: Medford State: MA Zip: 02155 Phone #: 617 895 8129

- ☒ I am an employer with _____ 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: Liberty Mutual
Address: PO Box 9090
City: Dover State: NH Zip: 03821 Phone #: 800 653 7893
Policy #: 000828837-0869262 Expiration Date: _____

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: Edimar Louzada Date: _____

Print Name: _____

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Eddie's Furniture

Address of taxpayer/applicant's business in Somerville: 95 Elm St

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

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

I, (print name) X 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 _____ day of _____, 20_____.
(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: _____

4913 # 313025001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
URBANO
4-22-13