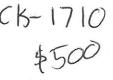


CITY OF SOMERVILLE BOARD OF ALDERMEN 93 HIGHLAND AVENUE

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW JUNK DEALER LICENSE

License #:

55

EDIMAR LOUZADA EDDIELU INC 12 KNOLLWOOD RD MEDFORD, MA 02155

Fee:

250.00

Account ID:

63

Reference #:

55

Review and update the information below. <u>If you have workers compensation insurance</u>, 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 EDDIELU INC 12 KNOLLWOOD RD MEDFORD, MA 02155 617-895-8129	2013 APR 2 CHY CLE
Mailing Address: EDIMAR LOUZADA 12 KNOLLWOOD RD MEDFORD, MA 02155	2 P
Business Type: CORPORATION (INC. LLC) PRESIDENT - EDIMAR LOUZADA TREASURER - EDIMAR LOUZADA	3: 20
FID: 451801107	
Food Manager/Emergency Contact: LUCY WILSON 617-461-3324	

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 I	Location and/or	Other	Conditions:
Merchandise:	Used Furniture		

I hereby certify under the penalties of perjury that the following is true	e:
-All information shown above is true and accurate.	
-Any changes above are subject to the appro√al of the BOARD OF A	ALDERMEN.
-I have filed all State tax returns and paid all State taxes required by	law for this business/
Signature: XE deman Lactada	1/1/2/13
Signature: Ledeman Lourada	Date
Print Name:	Phone (1/7 QGG 9/29
riiit Naille.	Phone 4119999799

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: Eddielo Inc
Address: 12 Knollwood Rd
City: Medford State: MA Zip: 02155 Phone #: 6/78958/29
I am an employer with employees
Workers' compensation insurance information (if applicable):
Insurance Company Name: Liberty Mutual
Address: 10 BDV 9090
City: Pover State: NH zip: 03821 Phone #: 800 653 189.
Policy #: 000 9 28937 - 0869 262 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: Edinar Lolezado 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 #: Board of Health Building Department City/Town Clerk Licensing Board
Contact Person: Phone #: Other

(revised Jan. 2008)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

		ZIII (DII) (
Exact name of taxpayer/	applicant's business:	Eddies Furn	fure
Address of taxpayer/app	licant's business in Som	erville: 95 Elms	7
Address of taxpayer/app	licant's home in Somery	rille:	
Taxpayer/applicant's pho	one: day: <u>U17 8915 8</u>	3/29 evening:	
I, (print name) E hereby certify that all the	e information contained paid or that the Taxpave	ZAOA, the unders herein is true and correct r has entered into an agre	igned Taxpayer, do
SIGNED UNDER THE	PAINS AND PENALT	TIES OF PERJURY, this	day of
	, 20	(Taxpayer's sig	
		(Taxpayer's sig	nature)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE:	INCLUD	ES RELEVANT POSTINGS THRO	OUGH:
TAXES AND ACCOUNT			
☐ Real Estate	□Water/Sewer	☐ Personal Property	
# 4913	#313045001	#	#
NOTES: CLERK'S INITIALS:	UB_	ORIGINAL STAMP:	Suranov