

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Junk Dealer
License Number: #191151
Business Name: Delta Jewelry and Refining
Location: 90 Highland Ave
Merchandise: Jewelry and gold
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR 10 P 1.23

The DBA Name of the Business: Delta Jewelay & Refining INC.
Somerville Address and Zip Code: 90 Highland AVE 02143
Phone Number of the Business: 617 390 8787

The Legal Name of the License Holder: Argam Hambardzumyan
Street Address of the License Holder: 19 Dexter AVE #1
City, State and Zip Code of the License Holder: Watertown MA 02472
Phone Number of the License Holder: 617 840 2730
Email Address of the License Holder: deltajewelery@yahoo.com

Where We Should Send Mail: Name: Delta Jewelay
Street Address: 90 Highland AVE
City, State and Zip Code: Somerville MA 02143
Email: deltajewelery@yahoo.com
Phone Number: 617 390 8787

Federal ID # (Do Not Give a Social Security #): 27-2753680

Emergency Contact and Phone (For Fire Dept. Use): Victor 781 3543555

-OVER-

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

 Sole Proprietor: Name of Owner: _____

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

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

☒ Corporation (inc. LLC): Name of President: Angam

Name of Secretary: NO

Name of Treasurer: NO

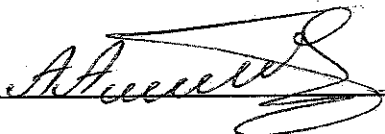
 Other (Attach a Description of the Form of Ownership and the Names of Owners)

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 Board of Aldermen.

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

License Holder Signature: 

Date 04.5.2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Delta Jewelry & Refining INC

Address of taxpayer/applicant's business in Somerville: 90 Highland Ave

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

Taxpayer/applicant's phone: day: 617 840 2730 evening: 617 390 8787

I, (print name) Argam Hambardzumyan 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 5 day of

April, 2012. [Signature]
(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: _____

7017 # 118055001 # 572 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 RECEIVED
UBanaw
4-10-12

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: Argam Hambarzumyan
Address: 90 Highland AVE
City: Somerville State: MA Zip: 02143 Phone #: 617 840 2730

- ☐ 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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ 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: Argam Hambarzumyan Date: 04.10.2012
Print Name: Argam Hambarzumyan

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 _____