



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

APPLICATION TO RENEW JUNK DEALER LICENSE

DINA BRANDANO
23 INDEPENDENCE DRIVE
WOBURN, MA 01801

License #: **1045**

Fee: **250.00**

Account ID: **821**

Reference #: **1045**

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: THE CONNECTION Business Location: 1204 BROADWAY Business Phone: 617-905-6298	
License Holder: DINA BRANDANO 23 INDEPENDENCE DRIVE WOBURN, MA 01801 617-905-6298	
Mailing Address: DINA BRANDANO 23 INDEPENDENCE DRIVE WOBURN, MA 01801	
Business Type: SOLE PROPRIETORSHIP OWNER - DINA BRANDANO	
FID: 455474214	
Food Manager/Emergency Contact: MARINA LOUZADA 617-777-5450	

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 AND FURNISHINGS

Petitioner may NOT place items on the sidewalk without an Outdoor Seating and Goods License.

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: Dina Brandano

Date: April 3, 2014

Print Name: DINA BRANDANO

Phone: 617 905 6298

233
217
50



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: The Connection
Address of taxpayer/applicant's business in Somerville: 1204 Broadway St Somerville MA 02144
Address of taxpayer/applicant's home in Somerville: WOBURN 23 INDEPENDENCE DR WOBURN 01801
Taxpayer/applicant's phone: day: 617 905 6298 evening: 617 905 6298 Mass. USA

I, (print name) DINA BRANDANO, 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 3rd day of April, 20 14. Dina Brandano
(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: _____

89000262
N/A # 335017021 # _____ # N/C 200.

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP: 

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: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone #: _____

- ☐ 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.) *(Used furniture/decor)*
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable): *n/a*

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: _____

Date: *April 3, 2014*

Print Name: *Dina BRANDANO - DBA The Connection*

Sole Proprietor

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 _____