

NEW

## APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 9/20/12

FOR CITY CLERK'S OFFICE ONLY
Date Recorded <u>9/25/12 - ms</u>
Amount Paid <u>\$250.00 ck# 1137</u>

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Applicant's Legal Name: David E. Norris III Phone: 781-267-4539

Applicant's Address (with Zip Code): 393 Somerville Ave #2 Somerville, MA 02143

Applicant's Email Address: dnorris3@gmail.com

Applicant's Federal Employer Identification Number: \_\_\_\_\_

Business DBA Name (if applicable): Odd and Ends Thrift Store

Business Location (with Zip Code): 624 Summer St. Somerville, MA 02143

Mailing Name (where we should send correspondence to): David Norris

Mailing Address (with Zip Code): 393 Somerville Ave #2 Somerville, MA 02143

Emergency Contact: Kathleen Wells Phone: 413-210-4417

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other \_\_\_\_\_

### IF A SOLE PROPRIETOR:

Owner's Name: David E. Norris III

Address with Zip Code: 393 Somerville Ave #2 Somerville, MA 02143

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

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

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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: Odds and Ends Thrift Store will retail new and pre-owned furniture, household goods, and clothing at 62A Summer St.

#### 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: David E. Norris III Date: 9/20/12

Print Name: David E. Norris III Phone: 781-267-4539

#### 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: Eddie Norris Date: Sept 20, 2012

#### POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be:

Signature: Julie Approved  Denied

Date: 9/25/12

#### 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: David E. Norris III Date: 9/20/12

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.

*Barry III*

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*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: Odds and Ends Thrift Store

Address of taxpayer/applicant's business in Somerville: 62A Summer St.

Address of taxpayer/applicant's home in Somerville: 393 Somerville Ave #2

Taxpayer/applicant's phone: day: 781-267-4539 evening: 781-267-4539

I, (print name) David Norris, 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 20<sup>th</sup> day of  
September, 2012. David Norris  
(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: \_\_\_\_\_  
# 10111      # 232035011      # N/A      # \_\_\_\_\_

NOTES: UR

CLERK'S INITIALS: UR ORIGINAL STAMP:



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9-16-12

*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: David Norris  
Address: 393 Somerville Ave #2  
City: Somerville State: MA Zip: 02143 Phone #: 781-267-4539

I am an employer with \_\_\_\_\_ employees Business Type:  Retail  
(full and/or part time).  Restaurant/Bar/Eating Establishment  
 I am a sole proprietor or partnership and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Nonprofit  
 We are a nonprofit organization staffed by volunteers and have no employees.  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: David E. Norris III Date: 9/26/12  
Print Name: David E. Norris III

*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  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_