



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

2016 MAR 14 A 11:11

Application to Renew Junk Dealer License

CLERK'S OFFICE
SOMERVILLE, MA

JOSEPH TALEWSKY ENTERPRISE INC
508 COLUMBIA ST
SOMERVILLE MA 02143

License #: BL15-000059
File #: 15-68
Fee: 275

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: JOSEPH TALEWSKY ENTERPRISE INC Business Location: 508 COLUMBIA ST Business Phone: 617-628-4691	
License Holder: JOSEPH TALEWSKY ENTERPRISE INC 508 COLUMBIA ST SOMERVILLE MA 02143	
Mailing Address: JOSEPH TALEWSKY ENTERPRISE INC 508 COLUMBIA ST SOMERVILLE MA 02143	
Business Type: Corporation ALLEN TALEWSKY ALLEN TALEWSKY ROBERT TATEL	
FID: 043212149	
Emergency Contact: ALLEN TALEWSKY Phone: 978-430-3010	
Will you operate as a Pawnbroker? No Describe the wares you will primarily purchase: Scrap. Describe the wares you will primarily sell: Scrap.	

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

1. No junk dealer may primarily engage in the picking, sorting or storage of rags or waste papers.
2. No junk dealer may primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles.
3. Every junk dealer must keep a written record of every purchase of a used item, including the name, age, and residence of the seller, and the date and time of the transaction, which shall be made available at any time to any Police Officer
4. Every junk dealer must keep every item purchased for at least 30 days before offering it for sale



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ^{Joseph} Talewsky Enterprises INC

Address of taxpayer/applicant's business in Somerville: 508 Columbia St.

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

Taxpayer/applicant's phone: day: 974303010 evening: Same

I, (print name) Allen Talewsky, 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 14 day of March, 2016. Allen Talewsky
(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: _____

3833 # 146008001 # 363 # ✓

NOTES:

CLERK'S INITIALS: JR

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:

Talowsky Enterprise Inc

Address:

508 Columbia St

City:

Somerville

State:

MA

Zip:

02143

Phone #:

617 628 4691

☒

I am an employer with 2 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:

75 Sylvia St

City:

Danvers

State:

MA

Zip:

01923

Phone #:

Policy #:

XWW56537446

Expiration Date:

1/1/17

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:

Allen Talowsky

Date:

3/14/16

Print Name:

Allen Talowsky

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 #: