



OFFICE OF THE CITY CLERK

CITY OF EVERETT
484 BROADWAY, ROOM 10
EVERETT, MA 02149
(617) 394-2225

SECOND HAND & ANTIQUES LICENSE

BUSINESS NAME:

BUSINESS ADDRESS:

APPLICANT'S NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

()

BUS. PHONE:

()

E-MAIL:

**DESCRIPTION OF
ITEMS TO BE
BOUGHT AND/OR
SOLD:**

ARE ITEMS MADE OF GOLD, SILVER OR PLATINUM TO BE BOUGHT OR SOLD?

MGL CHAPTER 140; Section 54. Cities and towns by ordinance or by-law may provide for the licensing, by the police commissioner in Boston, by the license commission in Lowell, by the aldermen in other cities and by the selectmen in towns, of suitable persons to be collectors of, dealers in or keepers of shops for the purchase, sale or barter of junk, old metals or second hand articles, may make rules and regulations relative to their business, and may provide for the supervision thereof. Said licensing board or officer may, except as otherwise provided in such ordinance or by-law, make additional rules, regulations and restrictions which shall be expressed in all licenses. Said licenses may be revoked at pleasure, and shall be subject to sections two hundred and two to two hundred and five, inclusive, except that societies, associations or corporations organized solely for religious or charitable purposes and their agents shall not be required to pay a fee for such licenses.

I affirm that the activities to be performed under this application will be done in conformance with the Laws of the Commonwealth of Massachusetts, and the City of Everett Municipal Code.

Signature: _____ **Date of Application:** _____



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Phone: (617) 394-2225 **Hours:** M; 8:00a-7:30p, Tu-Th; 8:00a-4:00p, F; 8:00a-11:30a
Website: www.cityofeverett.com

SECOND HAND & ANTIQUES LICENSE

**BUILDING DEPARTMENT 617-394-2220
ZONING DETERMINATION**

BUSINESS NAME:

BUSINESS ADDRESS:

APPLICANT'S NAME:

HOME PHONE:

BUS. PHONE:

ZONING

I, _____, do hereby state that as of this date the premises meets / does not meet all of the requirements imposed upon it pursuant to the city's zoning code.

Date: _____

COMMENTS:

IS APPEAL BEFORE THE ZONING BOARD OF APPEALS NECESSARY?:

Signature of Building Official

Date



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SECOND HAND & ANTIQUES LICENSE

**TREASURER/COLLECTOR
CERTIFICATE OF GOOD STANDING**

BUSINESS NAME:

BUSINESS ADDRESS:

APPLICANT'S NAME:

HOME PHONE:

BUS. PHONE:

I, _____, of the Collector's Office of the City of Everett, Massachusetts, do hereby state that the owners of the proposed business are current on the following taxes and fees:

_____ Real Estate Taxes

_____ Personal Property

_____ Water/Sewer

COMMENTS:

IS APPLICANT THE OWNER OF THE PROPERTY?:

(YES) (NO)

TREASURER/COLLECTOR'S OFFICE

DATE



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SECOND HAND & ANTIQUES LICENSE

FIRE PREVENTION INSPECTION

617-394-2349

BUSINESS NAME:

BUSINESS ADDRESS:

APPLICANT'S NAME:

HOME PHONE:

BUS. PHONE:

I, _____, of the Fire Department for the City of Everett, Massachusetts, do hereby state that I have personally inspected the premises located at the applicant's business address as shown on the front of this application and as of this date the premises meets/does not meet all of the requirements imposed upon it pursuant to the fire prevention code. I make the following recommendation:

Pass _____

Fail _____

COMMENTS:

Signature of Fire Official

Date



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: Please PRINT legibly

name: _____

address: _____

city: _____ state: _____ zip: _____ phone #: _____

work site location (full address): _____

I am a sole proprietor and have no one working in any capacity. **Business Type:** Retail Restaurant/Bar/Eating Establishment
 I am an employer with _____ employees (full & part time). Office Sales (including Real Estate, Autos etc.)
 Other

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

company name: _____

address: _____

city: _____ phone #: _____

insurance co.: _____ policy #: _____

Attach additional sheet if necessary

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: _____

Print name: _____ Phone #: _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license #: _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 (revised Sept. 2003)

**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.

*Signature of Individual or Corporate Name (Mandatory)

by: Corporate Officer (Mandatory, if applicable)

**Social Security # (Voluntary) or Federal Identification Number

*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 evocation. This request is made under the authority of MA G.L. c 62C s. 49A.

PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, **along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of \$25.00 pursuant to M.G.L. c.6, §172A** and a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same.

This agency's mailing address is: the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150
ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c. 6 §172.

_____	_____	_____	
Last name	First name	Middle name	
_____	_____	_____	
Maiden name	Alias	ID Index Number (if applicable, not required)	
_____	_____	_____	
Date of birth (MM/DD/YY)	Social Security Number (requested but not required)		
_____	_____		
Mailing address	Town	State	Zip code

I hereby swear, under the penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

Signature of requestor

Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_____, SS.

The above-named _____, appeared before me, the undersigned authority, this _____ day of _____, 20____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

Notary public

Correctional Facility Official (give rank and title)

My commission expires

Correctional Facility Address and Phone