

**COMMONWEALTH OF MASSACHUSETTS
CITY OF EVERETT
JUNK DEALER/COLLECTOR LICENSE APPLICATION**

Business (DBA) Name:

Everett Business Address:

Applicant's Legal Name:

Mailing Address (including Zip Code):

Contact Phone:

Contact E-Mail:

Property Owner:

Property Owner's Address:

Owner's Phone:

Signature*

*By signing above, the property owner indicates that the potential licensee is authorized to legally occupy the above mentioned property for the intended purpose of a Junk license. **The property owners signature and property card from the assessors are required for new licenses only.**

EMERGENCY CONTACT:

In case of emergency at the business address, please contact:

Contact Name:

Contact Address:

Contact Phone:

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 only be effective for the listed location and is subject to all of the terms, conditions, and limitations set forth in the Everett Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the Everett City Council.

Signature of Applicant

Title (owner, president, partner)

Date:

Please check appropriate class(es):

Junk Dealer _____

Annual Fee: \$300.00

Junk Collector _____

Annual Fee: \$150.00

Inspection Fee: \$50.00

Please check one:

New Application _____

Renewing Application
w/Changes _____

Renewing Application
w/NO Changes _____

Type of Business

Please check only one:

Sole Proprietor: _____

Partnership (inc. LLP) _____

(Please attach the name of the partnership and all partners who own more than 10%)

Trust _____

(Please attach the name of the trust and all trustees who own more than 10%)

Corporation _____

(Please attach proof of the corporation including the names and addresses of the corporation, president, treasurer and secretary.)

LLC _____

(Please attach the name of the LLC and all managers who own more than 10%)

ATTACHMENTS FOR ALL APPLICANTS

1. Certificate of Good Standing
2. Inspectional Services Approval
3. Fire Prevention Approval
4. Workmen's Compensation Affidavit
5. REAP Attestation

ATTACHMENTS FOR NEW or ALTERED LICENSES ONLY

First-time applications must also include:

1. A certified plot plan displaying work area, employee and customer parking, and entrances and exits.
2. Criminal Offender Record Information (CORI)
3. Three (3) letters of recommendation (excluding relatives, partners, employees, fiduciary)
4. Proof of notification of abutters within 150 feet of proposed business.
5. Application Fee

Dealer: \$300.00

Collector: \$150.00

FOR CITY CLERK'S OFFICE USE ONLY

Application Accepted:

Application Approved:

Application Issued:

Have you ever been denied a junk dealers or collectors license? Y__ N__

If yes, list year, city and state:

Have you ever had a junk dealers or collectors license revoked or suspended?

Y__ N__

If yes, list year, city and state:

I request the following hours of operation: ___ AM to ___ PM

I request the following days of operation: _____

INSPECTIONAL SERVICES DEPARTMENT REPORT:

The building located at the premises mentioned above is in a _____ Zone.

The use is permitted as of right The use requires a special permit

The use is prohibited

*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 building code. This application is for a Junk Dealer _____ Junk Collector _____ license.*

Inspector's Signature:

Print Name:

Date:

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other Impediments affecting the granting of approval for this license.

Fine, fees, cease and desist order or other impediment

Issue License _____ Do not Issue License _____

Inspector's Signature:

TO BE COMPLETED BY THE INSPECTIONAL SERVICES, CALL TO SCHEDULE 617-394-2220

FIRE PREVENTION REPORT:

I 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.

Pass _____ Fail _____

Inspector's Signature:

Print Name:

Date:

I do hereby certify that there are no unpaid fines, fees, cease and desist orders or any other impediments affecting the granting of approval for this license.

Fine, fees, cease and desist order or other impediment Issue License _____ Do not Issue License _____

Inspector's Signature:

TO BE COMPLETED BY THE FIRE INSPECTION, CALL TO SCHEDULE 617-394-2349

CERTIFICATE OF GOOD STANDING

Property Address:

Do you own the property? Y __ N __

I do hereby state that the owners of the proposed business are/are not current on the following taxes and fees:

Real Estate Taxes:

Personal Property:

Water/Sewer:

Collector's Office Signature:

Print Name: Date:

TO BE COMPLETED BY THE COLLECTOR'S OFFICE, EVERETT CITY HALL, ROOM 13, 617-394-2240