

GUIDE TO CLOSING OUT SALE PERMITS

Pursuant to MGL Chapter 93 Section 28A, a permit must be obtained before conducting a “closing out” or “going out of business” sale. The permit is valid for sixty days following the opening of the sale. Contact the City Clerk (617 625-6600 x4100) if you have any questions about the application process. The fee is \$150.00.

To complete the application:

1. Fill in all information requested. Sign the Acknowledgement. Fill in and sign the REAP Attestation. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the Workers’ Compensation Insurance Affidavit (If you have workers’ compensation insurance, be sure to include the name of the insurance company and the policy number).
2. Attach a complete inventory of all items to be included in the sale.
3. Attach a bond in the penal sum of \$1,000, payable to the City of Somerville, conditioned upon compliance with MGL c93 s28A.
4. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury	Monday–Wednesday, 8:30 AM – 4:00 PM
93 Highland Avenue (City Hall)	Thursday, 8:30 AM – 7:00 PM
617 625-6600 x3500	Friday, 8:30 AM – 12:00 PM
5. Submit the application and the fee to the City Clerk’s Office, 93 Highland Avenue, 617 625-6600 x4100.

APPLICATION FOR A CLOSING OUT SALE

City of Somerville, Commonwealth of Massachusetts

Application Fee \$150.00

Date _____

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

The undersigned respectfully prays that he/she may be granted permission to operate a Closing Out Sale. This permission will only be valid in Somerville, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, and any applicable State and Federal laws.

Name of applicant _____

Street address of applicant _____

City, State, Zip of applicant _____

Telephone of applicant _____

Tax Identification Number: _____ Check one: SSN FEIN

Name of business _____

Address of business _____

Telephone of business _____

Attach a complete inventory of items to be included in the sale.

Attach a bond in the penal sum of \$1,000, payable to the City of Somerville, conditioned upon compliance with MGL c93 s28A.

Opening date of sale _____

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 will result in the forfeiture of this permit, and that I may be subject to criminal prosecution pursuant to MGL c101. I also understand that any violation of MGL c93 s28A regulating closing out sales, or the City's rules and regulations, could subject me to arrest, fine, and/or loss of this permit.

Signature of Applicant _____ Date _____

**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 a corporation)

**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: _____

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

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

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name) _____, 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 _____ day of

_____, 20____.

(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

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: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> 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: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____