22.107

City of Northampton

Application for Annual License

MAY 05 2022

NORTHAMPTON, MASS., _____

To the Honorable City Council of the City of Northampton:

The undersigned respectfully petitions your honorable body for a License as follows:

Name of Business: **VNA Hospice Shop**

Type of License: **Second Hand Dealer**

Location of Business: **18 Bridge Street**

Print Name of Applicant: (√) Nancy Case Hospice Shop Manager

Signature of Applicant: (√) [signature]

Address of Applicant: (√) No. 17 Street East St.

City, State, Zipcode Northampton, MA

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

_____

City Clerk

In Committee on Licenses, _____

Voted to recommend that Petition ____be granted, _____ not granted

ATTEST:

_____

Clerk

In City Council, _____(date)

Voted that Petition be _____ granted _____not granted

Attest: _____*Clerk to City Council*

City of Northampton

STATEMENT OF ALL TAXES FILED AND PAID

Name of Business: VNA Hospice Shop

Location of Business: 18 Bridge Street

The licenses to operate as a second hand dealer will not be issued unless this certification clause is signed by the applicant listed on the license.

I, (√) Nancy Case **(print name of owner or authorized agent of the business) certify under the penalties of perjury that I, to my best knowledge and belief, have field all state tax returns and paid all state taxes as required under law.**

(√) _____

Signature of Owner or Agent

(√) _____ **or (√)** _____

Social Security Number **Federal Identification Number**

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. Licenses 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 Massachusetts General Law, chapter 62C, section 49A.

City of Northampton

AFFADAVIT OF WAGE COMPLIANCE

Name of Business: **VNA Hospice Shop**

Location of Business: **18 Bridge Street**

The Northampton City Council, in determining whether to issue, re-issue, modify, suspend or revoke a license. under G.L. c. 140,shall require that a potential or current licensee certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act The City Council may require a wage bond or insurance be posted by any potential licensee who does not certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. Licensees that are subject to a state or federal debarment for violation of the above laws, either voluntarily or involuntarily, or that have been prohibited from contracting with the Commonwealth or any of its agencies or subdivisions shall be prohibited from holding, or continuing to hold, licenses issued under G.L. c. 140, for the entire period of debarment or other stated time period.

Applicants must check box 1 or box 2 as applicable and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the application.

AFFADAVIT: (√) (Choose 1 below)

☑ This License applicant is not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years.

☐ This License applicant is subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years. This applicant will provide a wage bond or wage insurance for the period of the license.

(√) Nancy Case
(Typed or printed name of applicant)

(√) _____
(Signature)

Permit Denial Form

TO: Tax Collector, Treasurer (Circle Appropriate Staff Person)

REQUESTED BY: Pamela L. Powers, City Clerk

Name of Person, Corporation or Business: VNA Hospice Shop

Location of Property, Location of Service or Address:

Rental Property @ 18 Bridge Street

Parcel: _____

Business Owner – Nancy Case, Manager
Home Address- n/a

Your prompt attention is appreciated.

For Tax Collector's/Treasurer's Office Use Only

Please list below any tax, assessed to your office, that is unpaid for twelve (12) months or more after its due date, unless there is a pending abatement or appeal before the Appellate Tax Board, for the person, corporation, or business entity noted above.

No confirmable outstanding obligation 12+ months beyond due date

Signed: Marc P. Titcell **Dated:** 4-29-2022