

Pd 82506
5/9/16

NORTHAMPTON, MASS., May 9, 2016

To the Honorable City Council of the City of Northampton: ^{RENEWAL}

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

Name of Business: The Back Alley Antiques and Collectibles

Type of License: Secondhand Dealer

Location: 238 Bridge Street

(Sign Here) Audrey Clark

No. 20 Street Oakdale Place, Easthampton, MA

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

City Clerk

In City Council, _____

In Committee on Licenses, _____
Voted to recommend that Petition ___ be

_____ granted _____

ATTEST:

Clerk

Voted that Petition be _____ granted.

Attest: _____ City Clerk

CITY OF NORTHAMPTON
PERMIT DENIAL FORM

TQ: TAX COLLECTOR, TREASURER (Circle Appropriate Staff Person)

REQUESTED BY: Wendy Mazza, City Clerk DATE: May 9, 2016

Name of Person, Corporation, or Business: THE BACK ALLEY ANTIQUES AND COLLECTIBLES.

Location/Address of Property or Service: NORTHAMPTON

Business: 238 BRIDGE STREET, NORTHAMPTON, MA

Home: 20 OAKDALE PLACE, EASTHAMPTON, MA –OWNER-ANDREA CLARK

Parcel: 23A-214-001

Personal Property No.: 17175

Your prompt attention is appreciated.

(DO NOT WRITE BELOW THIS LINE – TAX COLLECTOR’S TREASURER’S OFFICE USE ONLY)

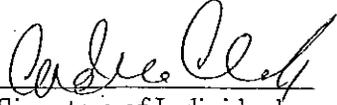
Please list below any tax, assessed to your office, that is unpaid for twelve (12) months or more after its due date, unless there is a pending abatement or appeal before the appellate Tax Board, for the person, corporation, or business entity noted above:

0

16.080
SIGNED:

DATED: 5/11/16

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 as required under law.



* Signature of Individual

By: Corporate Officer

012.44 8485

** 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 revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

5/9/16
POL 25 CK#1495

NORTHAMPTON, MASS., May 9, 2016

RENEWAL

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: Ryans Jewelers
Type of License: Secondhand Dealer
Location: 14 Strong Avenue

(Sign Here) [Signature]
No. 14 Street Strong Ave

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

City Clerk

In City Council, _____

In Committee on Licenses, _____
Voted to recommend that Petition ___ be

_____ granted _____

ATTEST:

Clerk

Voted that Petition be _____ granted.

Attest: _____ City Clerk

CITY OF NORTHAMPTON
PERMIT DENIAL FORM

TO: TAX COLLECTOR, TREASURER (Circle Appropriate Staff Person)

REQUESTED BY: Wendy Mazza, City Clerk DATE: May 9, 2016

Name of Person, Corporation, or Business: RYANS JEWELERS

Location/Address of Property or Service: NORTHAMPTON

Business: 14 STRONG AVE, NORTHAMPTON, MA

Home: 1 ACORN ROAD, HOLYOKE, MA

Parcel: 32A-153-014

Personal Property No.: N/A

Your prompt attention is appreciated.

(DO NOT WRITE BELOW THIS LINE – 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 tax assessed for personal property,
at this time.

SIGNED:

16.080

Kristina

DATED:

5/11/16

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 as required under law.



* Signature of Individual

By: Corporate Officer

011-54-3499

** 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 revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

5/13/16
PKL 25 CK#2554

NORTHAMPTON, MASS., May 13, 2016

RENEWAL
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: Modern Myths, INC.
Type of License: Secondhand Dealer
Location: 34 Bridge Street

(Sign Here) *[Signature]*
No. 34 Street Bridge

In City Council, _____

Referred to Committee on Licenses.

ATTEST:

City Clerk

In City Council, May 19, 2016

In Committee on Licenses, _____
Voted to recommend that Petition ___ be

_____ granted _____

ATTEST:

Clerk

Voted that Petition be _____ granted.

Attest: _____ City Clerk

CITY OF NORTHAMPTON
PERMIT DENIAL FORM

TO: TAX COLLECTOR, TREASURER (Circle Appropriate Staff Person)

REQUESTED BY: Wendy Mazza, City Clerk DATE: May 13, 2016

Name of Person, Corporation, or Business: MODERN MYTHIS, INC.

Location/Address of Property or Service: NORTHAMPTON

Business: 34 BRIDGE STREET, NORTHAMPTON

Home: N/A

Parcel: N/A

Personal Property No.: 7007 70007

Your prompt attention is appreciated.

(DO NOT WRITE BELOW THIS LINE – 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:

SIGNED: Kristy B...

DATED: 5/14/16

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 as required under law.


* Signature of Individual

By: Corporate Officer

90-00848272
** 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 revocation. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.