**Office Use Only:**

Date Pmt Rec'd: _____ Fee Paid: \$ _____ Check No: _____

Police Department approval issued ☐ Notes: _____Meets applicable zoning bylaws ☐ _____

Board of Selectmen Decision Date _____

Approved ☐ Denied ☐

TOWN OF NATICK

JUNK DEALER'S LICENSE APPLICATION

(Please type or print clearly)

Date Submitted: _____ Valid: May 1, 2020 – May 1, 20 Fee: \$125.00☒ **New**☐ **Renewal**

The undersigned hereby applies for a Junk Dealer's License in accordance with the provisions of the Statutes relating thereto.

Name of Person, Firm, or Corporation Making Application:

Jules Estate Buyers Inc.

Name of Establishment (d/b/a)

H Brandt Jewelers

Address of Establishment

31 N Main Street, Natick, MA 01760

Mailing address (if different from establishment)

13990 Olive Blvd. Ste. 103Chesterfield, MO 63017Contact Person (to whom **ALL** licensing information will be sent, **including renewal notice and license**)Amber Strother

Email Address

Amber@estatejules.com

Phone

(314) 485-8223

If Business is a Corporation, Corporate Name and Officers

Jules Estate Buyers Inc.Robert Greiner

If Business is an LLC, List of Members _____

Additional Information Requested by the Town of Natick Police Department for Background Check:

Applicant's Social Security Number or Employee I.D. Number _____

Date of Birth 04-8-1

I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Applicant _____

Date

08/10/2020

By Corporate Officer _____

Date _____

(If applicable)

Please print and submit completed application and all required supporting materials as listed below to the Board of Selectmen's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760. See additional important licensing information, including the Natick Business Recycling and Waste Guide, on the Town website at natickma.gov: click on Government, then on Board of Selectmen, then on Grants, Licenses & Permits. If you are a new applicant or an applicant with a new location, contact the Community & Economic Development Office/Zoning Department (508-647-6450), located on the second floor of Town Hall, to ensure your location does not require a special permit and that junk dealing is an allowed use.

Required documents:

1. Proof of Workers Compensation Insurance (if applicable)
2. Workers' Compensation Insurance Affidavit
3. If a Corporation, a copy of Articles of Organization; if an LLC, a copy of the Membership Agreement and list of members; if a Partnership, a copy of Partnership Agreement
4. ~~\$50.00~~ Application fee (checks made payable to the Town of Natick)

125



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/20/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Jules Estate Buyers Inc 13990 Olive Blvd Chesterfield MO 630172639		INSURER(S) AFFORDING COVERAGE INSURER A: Trumbull Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 27120	

COVERAGES**CERTIFICATE NUMBER:** 1634367**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	76WBGA5ASY	09/25/2019	09/25/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

BOARD OF SELECTMEN'S OFFICE TOWN OF NATICK, MA, Attn: DONNA - JUNK DEALERS LICENSE 13 EAST CENTRAL ST Natick MA 01760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

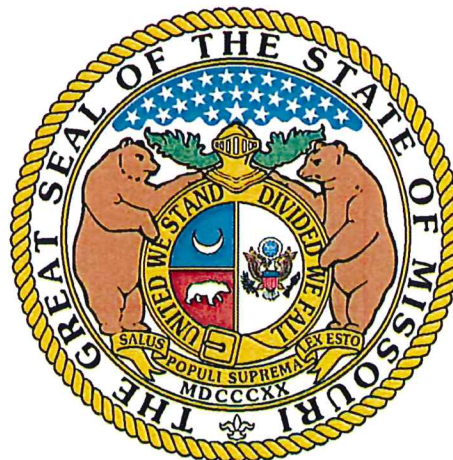
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Jules Estate Buyers Inc.
01059771

was created under the laws of this State on the 19th day of May, 2010, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of February, 2020.


Secretary of State



Certification Number: CERT-02032020-0048

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE RECORDS

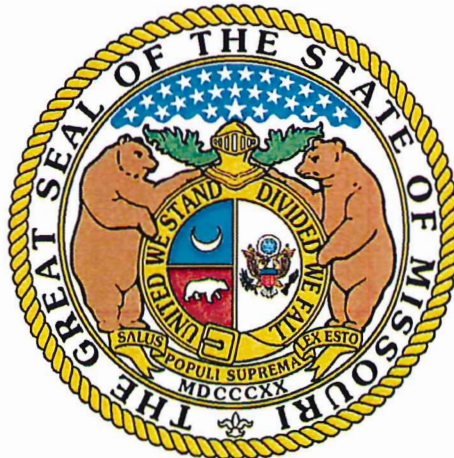
Jules Estate Buyers Inc.
01059771

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of February, 2020.


Secretary of State

Certification Number: CERT-02062020-0116





State of Missouri
Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number:

01059771

Date Filed: 05/19/2010

Robin Carnahan
Secretary of State

Articles of Incorporation

Article One

The name of the corporation is Jules Estate Buyers Inc.

Article Two

The registered agent's name is Robert J. Greiner

The address, including street and number for the registered agent's office in the state of Missouri:

(PO Box may only be used in addition to a physical street address)

621 Stablestone Dr., Chesterfield, Missouri 63017

Street Address

City

State/Zip

Article Three

(Must complete 1 or 2)

1. If the aggregate number of shares in which the corporation shall have authority to issue DOES NOT exceed 30,000 shares or the par valued DOES NOT exceed \$30,000 please check this box: ☒

or

2. If the aggregate number of shares in which the corporation shall have authority to issue exceeds 30,000 shares or the par value exceeds \$30,000 dollars please indicate the number of shares of each class and the par value of each share. Also, indicate a statement of the preferences, qualifications, limitations, restrictions and the special or relative rights including convertible right, is any, in respect of the share of each class:

Article Four

The name and physical business or residence address of each incorporator:

Name Address City/State/Zip
Imelda Vasquez, c/o Legalzoom.com, Inc., 7083 Hollywood Blvd., Ste 180, Los Angeles, CA 90028

(Please see next page)

Name and address to return filed document:

Name: Imelda Vasquez, Legalzoom.com, Inc.

Address: 7083 Hollywood Blvd., Ste. 180

City, State, and Zip Code: Los Angeles, CA 90028

State of Missouri
Creation - General Business - Domestic 2 Page(s)



T1013916618

Article Five

The number of years the corporation is to continue or perpetual: (Please select one)

☒ Perpetual (check box) or State number of years _____

Article Six

The corporation is formed for the following lawful purpose(s):

Wholesale - Jewelry, Diamonds, Art, Gold, Silver, Collectables and all other legal acts permitted general and business corporations.

Article Seven

☒ The number of directors to constitute the board of directors: _____ (optional)

The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated:

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Imelda Vasquez

05/17/2010

Signature of Incorporator(s)

Printed or Typed Name
Name of Incorporator(s)

Date of Signature

State of Missouri



Robin Carnahan
Secretary of State

CERTIFICATE OF INCORPORATION

WHEREAS, Articles of Incorporation of

Jules Estate Buyers Inc.
01059771

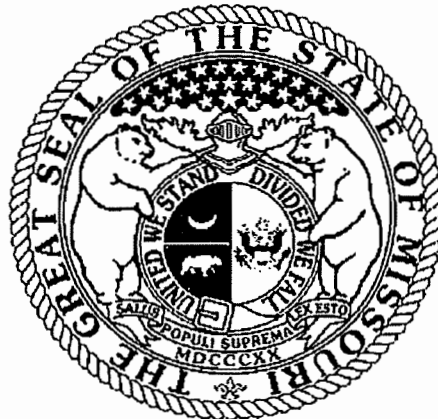
have been received and filed in the Office of the Secretary of State, which Articles, in all respects, comply with the requirements of General and Business Corporation Law.

NOW, THEREFORE, I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the General and Business Corporation Law.

IN TESTIMONY WHEREOF, I herunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
19th day of May, 2010.

Robin Carnahan

Secretary of State



MISSOURI

NOT FOR
REAL ID
PURPOSES

DRIVER LICENSE



9 CLASS F

4b EXP 04/14/2021

4d DL NO. M 49232542

3 DOB 04/14/1978

1 GREINER

2 ROBERT JAMES

8 621 STABLESTONE DR
CHESTERFIELD, MO 63017

9a END NONE

12 RESTRICTIONS A

15 SEX M

17 WGT 210 lb

4a ISS 05/03/2019

16 HGT 6'-01" 18 EYES BLU



5 DD 191141230037



CLASS:
F-Operator

ENDORSEMENTS:
None

RESTRICTIONS:
A-Corrective Lenses



Card Rev 12/10/2012

I HEREBY MAKE AN ANATOMICAL GIFT UPON MY DEATH. <input type="checkbox"/> ANY ORGAN <input type="checkbox"/> SPECIFICALLY:			
SIGNATURE OF DONOR			DATE
1ST WITNESS	2ND WITNESS	MEDICAL ALERT	BLOOD TYPE
NAME OF LICENSEE'S ATTORNEY IN FACT FOR HEALTH CARE DECISIONS			
ADDRESS			
CITY		ST	ZIP