



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

PAULA WILSON
PO BOX 398005
CAMBRIDGE, MA 02139

License #: **908**

Fee: **550.00**

Account ID: **628**

Reference #: **908**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: 429 CORP. Business Location: 109 PROSPECT ST Business Phone: 617-625-7277	
License Holder: 429 CORP. 109 -111 PROSPECT ST SOMERVILLE, MA 02143 617-625-7277	
Mailing Address: PAULA WILSON PO BOX 398005 CAMBRIDGE, MA 02139	
Business Type: CORPORATION (INC. LLC) TREASURER - PATRICIA CONOVER PRESIDENT - PAULA WILSON SECRETARY - PAULA WILSON	
FID: 020602844	
Food Manager/Emergency Contact: PAULA WILSON 781-724-1722	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 DEC 12 P 2:10

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

5 VEHICLES

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Paula Wilson Date: 12/12/13
Print Name: Paula Wilson Phone: 781-724-1722

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 105869921

Effective Date: December 10, 2012

KNOW ALL MEN BY THESE PRESENTS, that we, 429 CORP.
of 109-111 PROSPECT ST. SOMERVILLE, MA 02143, as Principal,
and Travelers Casualty and Surety Company of America, a corporation authorized to do surety business
in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto
CITY OF SOMERVILLE, as Obligee, for the benefit of all natural persons who
suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002,
by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand dollars
(\$25,000.00) for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly
by these presents.

WHEREAS, the Principal is a Dealer having an established place of business at
109-111 PROSPECT ST. SOMERVILLE, MA 02143 in the Commonwealth of Massachusetts, and is
required to furnish a bond in accordance with Chapter 140, Section 58.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the
provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be
void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in
no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years
the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court
of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or
omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond
unless brought within one (1) year after the event giving rise to the cause of action. Notice of any suit under this
bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to
be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and
omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of
2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by
certified mail to the Obligee and bond shall be deemed canceled.

Dated this 10 day of December 2012

429 CORP., Principal

By: Mary T. Walker

Travelers Casualty and Surety Company of America, Surety

By: [Signature]



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 429 Corp
Address of taxpayer/applicant's business in Somerville: 109-111 Prospect St
Address of taxpayer/applicant's home in Somerville: _____
Taxpayer/applicant's phone: day: 617-625-7271 evening: 781-724-1722

I, (print name) Paula A. Wilson, 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: _____

12768 # 125083001 # N/A # _____

NOTES:

CLERK'S INITIALS: (Signature)

ORIGINAL STAMP:



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information: 429 Corp
Name: Paula Wilson
Address: 109-111 Prospect St
City: Somerville State: MA Zip: 02143 Phone #: 617-625-7277

- I am an employer with _____ employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - 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: Paula Wilson Date: 12/12/13
Print Name: Paula Wilson

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____