



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

APPLICATION TO RENEW GARAGE LICENSE

**PAULA WILSON
PO BOX 398005
CAMBRIDGE, MA 02139**

License #: 745
City #G233
Fee: 550.00
Account ID: 628
Reference #: 745

7000

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: For 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 CAMBRIDGE, MA 02139 | P.O. Box 398005 |
| 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 | |

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-12PM**

OPEN TO THE PUBLIC

- | | |
|----------------------|---------------------|
| 1 AUTO BODY WORK | 5 VEHICLES INSIDE |
| 1 MECHANICAL REPAIRS | 15 VEHICLES OUTSIDE |
| 20 VEHICLES | |

Spray Booth approved

Description of Location and/or Other Conditions:

Originally Issued 11/22/2005, No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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 3/28/13

Print Name: Paula Wilson Phone _____

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:

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

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

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: 3/28/13

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 _____



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 Prospect St

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

Taxpayer/applicant's phone: day: 781-724-1722 evening: 781-435-1565

I, (print name) Paula 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 28th day of March, 2013. Paula Wilson
(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: _____

12645 # 125083001 # 972 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP: **RECEIVED**
UBarws
3-28-13