

2014 CERTIFICATE OF REGISTRATION



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

2014 MAR 25 A 9:37

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW GARAGE LICENSE**

**PROSPECT-HOUGHTON REALTY TRUST
C/O STEPHEN WYNER
P.O. BOX 448
SOMERVILLE, MA 02143**

License #: 746
City #G81
Fee: 550.00
Account ID: 629
Reference #: 746

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: MASTER USED CARS Business Location: 121 PROSPECT ST Business Phone: 617-623-9533	
License Holder: PROSPECT HOUGHTON REALTY TRUST DBA MASTER USED CARS LLC 121-123 PROSPECT ST SOMERVILLE, MA 02143 617-623-9533	Trust Holder: Prospect-Houghton Realty Tenant: Master Used Cars LLC
Mailing Address: PROSPECT-HOUGHTON REALTY TRUST C/O STEPHEN WYNER P.O. BOX 448 SOMERVILLE, MA 02143	Prospect-Houghton Realty Trust C/O Stephen Wyner 151 Coolidge Avenue #607 Watertown, MA 02472
Business Type: CORPORATION (INC. LLC) TREASURER - PETERON FREDERICO PRESIDENT - PETERSON FREDERICO SECRETARY - PETERSON FREDERICO	
FID: 261772165	
Food Manager/Emergency Contact: STEPHEN WYNER 617-232-4258	

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

Hours: **MO-FR 8AM-7PM, SA 8AM-3PM**

OPEN TO THE PUBLIC

- 1 MECHANICAL REPAIRS
- 4 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 10/24/1985. No Auto Body. 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. Prospect-Houghton RT

Signature: Stephen R. Wyner Date March 25, 2014

Print Name: Stephen R. Wyner Trustee of Prospect-Houghton Realty Trust Phone 617-232-4258



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Stephen R. Wyner
Prospect Houghton Realty Trust

Address of taxpayer/applicant's business in Somerville: 121-123 Prospect Street

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

Taxpayer/applicant's phone: day: 617-232-4258 evening: 617-923-9408

I, (print name) Stephen R. Wyner, 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 7th day of March, 20 14. Steph R Wyner
(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: _____
12775 # 125086001 # _____ # _____

NOTES:

CLERK'S INITIALS: Q

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:

Name: MASTER UAD CARS
Address: 121 PROSPECT ST
City: Somerville State: MA Zip: 02143 Phone #: (617) 6239533

- I am an employer with 2 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: DOWLING Insurance Agency, INC / UTICA MUTUAL INS. CO
Address: 44 Adams St POBOX 850962
City: Braintree State: MA Zip: 02185 Phone #: (781) 848 7652
Policy #: 4640016 Expiration Date: 06/11/14

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: [Signature] Date: 3/10/14
Print Name: Daniela Rogerio

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 _____