

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 3/28/2011

Amount Paid \$250.00

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Prospect Iron+Steel Corp Phone: 617-666-3405

Applicant's Address (with Zip Code): 40 Bennett St Somerville ma 02143

Applicant's Email Address: N/A

Applicant's Federal Employer Identification Number: 041745846

Business DBA Name (if applicable): _____

Business Location (with Zip Code): Same

Mailing Name (where we should send correspondence to): Same

Mailing Address (with Zip Code): Same

Emergency Contact: Bob Nash Phone: 617-666-3406

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Sheldon Grossman

Address with Zip Code: 40 Montrose St Newton ma 02459

Partner's/Member's/Secretary's Name: Robert Nash 17 Rutgers

Address with Zip Code: Andover ma 01810

Partner's/Member's/Treasurer's Name: Sheldon Grossman

Address with Zip Code: 40 Montrose St Newton ma 02459

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAR 28 A 10:38

Will you lend money on the security of personal property lent to you? _____ Yes ☒ No

Will you operate as a pawnbroker? _____ Yes ☒ No

Describe your business plan: Scrap metal recycling

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date: 3/16/11

Print Name: Robert Nash Phone: 617-666-3405

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: _____ Approved _____ Denied

Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: _____ Approved _____ Denied

Signature: _____ Date: _____

CONDITIONS

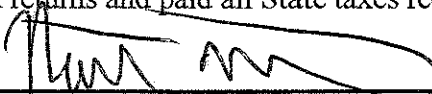
1. You must not primarily engage in the picking, sorting or storage of rags or waste papers.
2. You must not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

3: _____

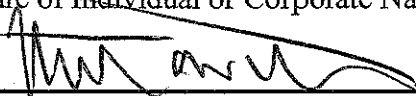
Signature of Applicant: [Signature] Date: 3/22/11

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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 required under law.

 Prospect Iron + steel corp

*Signature of Individual or Corporate Name (Mandatory)

_____
By: Corporate Officer (Mandatory, if a corporation)

041 745846

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* 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 Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Project Iron + Steel Corp

Address of taxpayer/applicant's business in Somerville: 40 Bennett St

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

Taxpayer/applicant's phone: day: 617-666-3405 evening: 617-839-9590

I, (print name) Robert Nash, 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 22nd day of March, 2011. [Signature]
(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: _____
16555140 # 146023001 # NO ACCT # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



RECEIVED
12-28-11

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Prospect Iron + Steel Corp
Address: 40 Bennett St
City: Somerville State: ma Zip: 02140 Phone #: 617-666-3405

- ☐ I am an employer with 9 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Ace
Address: 436 Walnut St
City: Philadelphia State: PA Zip: 19106 Phone #: 1-800-769-4700
Policy #: CY 6305 474 Expiration Date: 6/4/2011

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: 3/23/11
Print Name: Robert Nash

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