



**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**

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	<i>Patricia Conover</i> 339-788-7438

2014 MAR - 5 A 10: 51
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

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 |
| 1 SPRAY PAINTING | |

Description of Location and/or Other Conditions:

Originally Issued 11/22/2005, No Spray Painting Trucks. 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: *Patricia Conover* Date: *3/4/14*
 Print Name: *Patricia Conover* Phone: *339-788-7438*



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: 617-625-7277 evening: 339-788-7438

I, (print name) Patricia A. Conover, 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 4th day of March, 20 14. Patricia Conover
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 3/5/14 INCLUDES RELEVANT POSTINGS THROUGH: 3/4/14

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

12768 # 125083001 # _____

NOTES:

CLERK'S INITIALS: Rie

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: _____

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). **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: _____

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: Patricia Conover Date: 3/14/14

Print Name: Patricia Conover

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

City or Town: _____ Permit/License #: _____

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

Contact Person: _____ Phone #: _____