CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK RENEWAL APPLICATION FOR GARAGE LICENSE

ST.	ACY A.	WALKER
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LIC #: 2010-233 B.O.A.# 179942

15 CABOT RD.

STONEHAM

MA 02180

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: X Parking or Storing Vehicles: ____ Washing Vehicles: ____ Spray Painting: ___ Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13 This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: 429 CORP.

Company Address: 00109 -00111 PROSPECT ST

TEL: 617-625-7277

	City:	SOMERV	ILL	E	State:	MA	_ Zip:	02143	3	_		
Check One:	4								Gov't		Partne	r
Individual:	! !	Co:	Co	rp:	Trust	•	Agency		Ship	<u>X</u> (Other	
				WALKER						TEL:	<u>617-625</u>	<u>-7277</u>
Owner Add	dress:	15 CAE	BOT	RD.								

Owner City: STONEHAM FID#: 020602844 State: MA Zip: 02180

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2010, please advise.

**** HOURS OF OPERSTIONS ***** MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-12:00 PM

SUNDAY: CLOSED

John J. Long

Very truly yours,

City Clerk

----- OUR CURRENT INFORMATION SHOWS -- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-233 FEE: \$500.00

This is to certify: STACY A. WALKER

has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 11/22/2005

Garage situated at: 00109 -00111 PROSPECT ST

Doing business as : 429 CORP. Shall not exceed: 5 Vehicles Inside & 15 Vehicles Outside, not on public ways in addition the following restrictions apply:

NO WASHING OF VEHICLES, NO PAINTING OF TRUCKS, NO SPRAY PAINTING UNTIL APPROVED BY ISD, SATISFACTORY ISD INSPECTION IN 60 DAYS

This renewal certificate must be signed by the holder of the license. Owner ____ Occupant ____ Holder __ Check_One: Use' Only Mailed

nature of Applicant

State

Received:

Taken

City Clerk

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.

* Signature of Individual or Corporate Name (Mandatory)

* Signature of Individual Or Corporate Name (Mandat

^{**} 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.

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:	2 100 10		
	spect s	871117	617-625-727
city: Somewille	State: MV+	Zip: UCIS Phone #:	WIT WE I TET
☐ I am an employer with employees (full and/or part time). ☐ I am a sole proprietor or partnership and employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no exemption per c152 s1(4), and have no employees.	have no our right of employees. oy	Office and/or Sales (real Nonprofit Entertainment Manufacturing Health Care Other	Establishment al estate, auto, etc.)
Workers' compensation insurance inform	nation (if applica	ble):	•
Insurance Company Name:			
Address:			
City:	State:	Zip: Phone #	
Policy #:		<u>Expirati</u>	on Date:
Applicant certification:			
Failure to secure coverage as required ur penalties of a fine up to \$1,500.00 and/or of WORK ORDER and a fine of \$100.00 forwarded to the Office of Investigations of	a day against me the DIA for cove	e. I understand that a copy grage verification.	y of this statement may be
I do hereby certify under the pains and pen	alties of perjury th	nat the information provided	above is true and correct.
Signature: Say A.	Vouker	. Date:	4-7-2010
Print Name: Stacy A.	Walker		
Official use only. Do not w			
City or Town:	Permit/Licens	se #:	Board of Health Building Department
			City/Town Clerk Licensing Board
Contact Person:			Selectmen's Office Other
Contact Person:	Phone #:		

(revised Jan. 2008)



City of Somerville, Massachusetts Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING.

429 CXD
1. Exact name of taxpayer/applicant's business: 429 Cop
 Exact name of taxpayer/applicant's business:
2 Address of taypayer/applicant's home in Somerville:
4. Taxpayer/applicant's phone: day: (0)7-(025-7277 evening: (0)7-835-7722
I,, 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
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:
2368397 # 12508300/# NO ACC
NOTES:
CLEDICS INITIALS: A ORIGINAL STAMP:

CLERK'S INITIALS: