



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

**APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE**

**STACY A. WALKER  
PO BOX 398005  
CAMBRIDGE, MA 02139**

License #: **908**  
Fee: **550.00**  
Account ID: **628**  
Reference #: **908**

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: For <b>429 CORP.</b> Business Location: <b>109 PROSPECT ST</b> Business Phone: <b>617-625-7277</b>	
License Holder: <b>429 CORP.</b> <b>109 -111 PROSPECT ST</b> <b>SOMERVILLE, MA 02143</b> <b>617-625-7277</b>	
Mailing Address: <b>STACY A. WALKER</b> <b>CAMBRIDGE, MA 02139</b>	<i>Paula Wilson P.O. Box 398005, Cambridge</i>
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - PATRICIA CONOVER</b> <b>SECRETARY - PAULA WILSON</b>	
FID: <b>020602844</b>	
Food Manager/Emergency Contact: <b>STACY WALKER</b> <b>617-835-7722</b>	<i>Paula Wilson - 781-724-1722</i>

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-2PM**

**5 VEHICLES**

Description of Location and/or Other Conditions:

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: *Dec 5, 2012*  
Print Name: *Paula Wilson* Phone: \_\_\_\_\_

# IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: 429 Corp.  
Somerville Address and Zip Code: 109 - 111 Prospect St.  
Phone Number of the Business: 617-625-7277

The Legal Name of the License Holder: Paula A. Wilson  
Street Address of the License Holder: 19 Hanford Rd.  
City, State and Zip Code of the License Holder: Stoneham, MA 02180  
Phone Number of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: Paula Wilson  
Street Address: P.O. Box 398005  
City, State and Zip Code: Cambridge, MA 02139

Federal ID # (Do Not Give a Social Security #): 02-0602844

Emergency Contact and his/her Phone Number: Paula Wilson - 781-724-1722

Type of Business (Check Only One and Print the Names Indicated):  
 Sole Proprietor: Name of Owner: \_\_\_\_\_  
 Partnership (inc. LLP): Name of Partnership: \_\_\_\_\_  
Names of All Partners Who Own More Than 10%: \_\_\_\_\_  
 Trust: Name of Trust: \_\_\_\_\_  
Names of All Trustees Who Own More Than 10%: \_\_\_\_\_  
 Corporation: Name of Corporation: 429 Corp.  
Name of President: Paula A. Wilson  
Name of Secretary: Paula A. Wilson Name of Treasurer: Patricia Conover  
 LLC: Name of LLC: \_\_\_\_\_  
Names of All Managers: \_\_\_\_\_  
Other (Attach a Description of the Form of Ownership and the Names of the Owners)

**ACKNOWLEDGEMENT: 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 Somerville Licensing Commission.  
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Paula Wilson Date Dec 5, 2012

MASSACHUSETTS USED CAR DEALER'S BOND

Bond No. 105869921

Effective Date: December 10, 2012

KNOW ALL MEN BY THESE PRESENTS, that we, 429 CORP., as Principal, of 109-111 PROSPECT ST. SOMERVILLE, MA 02143 and Travelers Casualty and Surety Company of America, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto CITY OF SOMERVILLE, as Obligee, for the benefit of all natural persons who suffer loss as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002, by reason of purchase of a motor vehicle from the said Principal, in the sum of Twenty Five Thousand dollars (\$25,000.00) for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a Dealer having an established place of business at 109-111 PROSPECT ST. SOMERVILLE, MA 02143 in the Commonwealth of Massachusetts, and is required to furnish a bond in accordance with Chapter 140, Section 58.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall faithfully observe the provisions of Chapter 140, Section 58 as amended by Chapter 422 of the Acts of 2002, then this obligation shall be void and of no effect; otherwise it shall remain in full force and virtue. The aggregate liability of the Surety shall in no event exceed the amount of this bond regardless of the number of claims against the bond or the number of years the bond remains in force.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. Notice of any suit under this bond must be made in writing to the Obligee (written acknowledgement of receipt of said notice by the Obligee to be prima facie evidence of compliance with this requirement of notice). This bond shall cover only those acts and omissions as defined by Chapter 140, Section 58 of the General Laws as amended by Chapter 422 of the Acts of 2002.

This bond shall be continuous and may be cancelled by the Surety by giving sixty (60) days notice in writing by certified mail to the Obligee and bond shall be deemed canceled.

Dated this 10 day of December 2012

429 CORP., Principal

By: Mary Walker

Travelers Casualty and Surety Company of America, Surety

By: [Signature]

<b>LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE</b>	Docket No. MI12P4421EA	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
Estate of: Stacy Ann Walker  Date of Death: <u>11/23/2012</u>	Middlesex Probate and Family Court 208 Cambridge Street Cambridge, MA 02141  (617)768-5800	

To:  
Paula A. Wilson  
19 Hanford Road  
Stoneham, MA 02180

You have been appointed and qualified as Personal Representative in  Supervised  Unsupervised  
administration of this estate on October 4, 2012  
(date)

These letters are proof of your authority to act pursuant to G.L. c. 190B, except for the following restrictions if any:

The Personal Representative was appointed before March 31, 2012 as Executor or Administrator of the estate.

↓ ↓ (Do Not Write Below This Line-For Court Use Only) ↓ ↓

**CERTIFICATION**

I certify that it appears by the records of this Court that said appointment remains in full force and effect. IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the seal of said Court.

Date December 4, 2012

*Tara E. DeCristofaro*  
Tara E. DeCristofaro, Register of Probate



2012 DEC 11 P 2:41

City of Somerville, Massachusetts  
Finance Department, Treasury Division  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

**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: 781-724-1722

I, (print name) Paula A. 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 5<sup>th</sup> day of December, 2012 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      # 125083601 # 972      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: LB

ORIGINAL STAMP:

**RECEIVED**  
LB  
12-11-12

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).
- 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: \_\_\_\_\_

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: Dec 5, 2012

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 \_\_\_\_\_

(revised Jan. 2008)