

IMPORTANT

#76
REF 62

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Junk Dealer
License Number: #191148
Business Name: Prospect Iron & Steel Corp
Location: 40 Bennett St
Merchandise: Scrap
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Prospect Iron + steel corp
Somerville Address and Zip Code:	40 Bennett St 02143
Phone Number of the Business:	617-666-3405

The Legal Name of the License Holder:	Prospect Iron + steel corp
Street Address of the License Holder:	40 Bennett St
City, State and Zip Code of the License Holder:	Somerville ma 02143
Phone Number of the License Holder:	617-666-3405
Email Address of the License Holder:	nash.robert@verizon.net

Where We Should Send Mail: Name:	Prospect Iron + steel
Street Address:	40 Bennett St
City, State and Zip Code:	Somerville ma 02143
Email:	nash.robert@verizon.net
Phone Number:	617-839-9590

Federal ID # (Do Not Give a Social Security #):	041745846
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Emergency Contact and Phone (For Fire Dept. Use):	Bob Nash 617-839-9590
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CITY CLERK'S OFFICE
2012 APR -11
A P 15

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: Sheldon Grossman

Name of Secretary: Robert Nash

Name of Treasurer: Sheldon Grossman

Other (Attach a Description of the Form of Ownership and the Names of Owners)

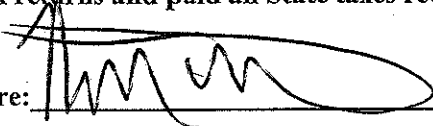
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____



Date _____

3/29/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

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: 617-839-9590 evening: Same

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 28 day of March, 2012. [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 # 14602300 # _____ # _____

NOTES: 1376

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: RECEIVED
4-4-12

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:

Name: Prospect Iron + steel
 Address: 40 Bennett St
 City: Somerville State: MA Zip: 02143 Phone #: 617-666-3405

- I am an employer with 9 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: Chert's
 Address: 175 Water St
 City: New York State: NY Zip: 10038 Phone #: 914-972-0850
 Policy #: WC-051-75-1674 Expiration Date: 6/4/12

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:  Date: 3/28/12
 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 _____

ISSUED BY THE STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY

AGENT NUMBER

POLICY NUMBER

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. 0090063-00
13072

WC 051-75-1674
013-82-0611-00

INCORPORATED UNDER THE LAWS OF PENNSYLVANIA
ITEM 1. NAMED INSURED: MAILING ADDRESS IDENTIFICATION NO.:

PROSPECT IRON & STEEL CORP
40 BENNETT STREET
SOMERVILLE, MA 02143-0000



A Chartis company

EXECUTIVE OFFICES:
175 Water Street
New York, NY 10038

SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

I.D.# MA UI#:

PRODUCERS NAME AND ADDRESS

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

KEATING GROUP OF MA LLC
144 TURNPIKE ROAD
SUITE 150
SOUTHBOROUGH, MA 01772-0000

INSURED IS CORPORATION

PREVIOUS POLICY NUMBER
NEW

OTHER WORKPLACES NOT SHOWN ABOVE: SEE EXTENSION OF ITEM 1. OF THE INFORMATION PAGE - WC990610

ITEM 2 POLICY PERIOD 12:01 A.M. standard time at the insured's mailing address FROM 06/04/11 TO 06/04/12

ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MA

B. Employers Liability Insurance: Part Two of the policy applies to the work in each state listed in item 3.A.
The limits of our liability under Part Two are:
Bodily Injury by Accident \$ 500,000 each accident
Bodily Injury by Disease \$ 500,000 policy limit
Bodily Injury by Disease \$ 500,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MD ME MI MN MO MS MT NC NE NH NJ NM NV NY OK OR PA RI SC SD TN UT VA VT WI WV

D. This policy includes these endorsements and schedules:
SEE EXTENSION OF ITEM 3.D. OF THE INFORMATION PAGE - WC990612

ITEM 4 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Remuneration		Rate Per \$100 Of Remuneration	Estimated Premium	
		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year		<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 3 Year
SEE EXTENSION OF ITEM 4. OF THE INFORMATION PAGE - WC7754 TAXES/ASSESSMENTS/SURCHARGES						\$1,057
EXPENSE CONSTANT (EXCEPT WHERE APPLICABLE BY STATE)	\$338 MA					
MINIMUM PREMIUM	\$500 MA	TOTAL ESTIMATED ANNUAL PREMIUM			\$16,244	

If indicated below, interim adjustments of premium shall be made:
 Semi-Annually Quarterly Monthly DEPOSIT PREMIUM

06/24/11 PARSIPPANY

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John Keenan