

**CITY OF SOMERVILLE**  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
**RENEWAL APPLICATION FOR GARAGE LICENSE**

STACY A. WALKER  
15 CABOT RD.  
STONEHAM

MA 02180

LIC #: 2012-233  
B.O.A.# 179942

\*\*\* 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 \$550.00 not  
later than April 30, 2012. 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. TEL: 617-625-7277

Company Address: 00109 -00111 PROSPECT ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp:      Trust:      Agency      Ship X Other      Gov't Partner

Owner Name: STACY A. WALKER TEL: 617-625-7277

Owner Address: 15 CABOT RD.

Owner City: STONEHAM State: MA Zip: 02180

FID#: 020602844

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 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-12:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

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

LICENSE #: 2012-233  
FEE: \$550.00

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.  
Check One: Owner X Occupant      Holder     

Stacy A. Walker  
Signature of Applicant

15 Cabot Rd.  
Address

Stoneham MA 02180  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken     

Received: 4/26/12 ms

\$550.00 ck# 301

City Clerk

CITY CLERK'S OFFICE  
SOMERVILLE MA  
2012 APR 26 PM 6:11

## IMPORTANT

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 the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 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:	Stacy A. Walker
Street Address of the License Holder:	15 Cabot Rd.
City, State and Zip Code of the License Holder:	Stoneham, MA 02180
Phone Number of the License Holder:	617-835-7722
Email Address of the License Holder:	SWalker@cpsd.us

Where We Should Send Mail: Name:	Stacy Walker
Street Address:	Inman Square PO Box 398005
City, State and Zip Code:	Cambridge, MA 02139
Email:	
Phone Number:	

Federal ID # (Do Not Give a Social Security #):	02-0602844
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Emergency Contact and Phone (For Fire Dept. Use):	617-835-7722
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Type of Business (Check Only One and Give the Names Indicated):
<input checked="" type="checkbox"/> Sole Proprietor: Name of Owner: Stacy A. Walker
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:
<input type="checkbox"/> Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:
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: Stacy A. Walker Date: 4-23-2012

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.

429 Corp.  
\* Signature of Individual or Corporate Name (Mandatory)

Henry A. Walker  
By: Corporate Officer (Mandatory, if a corporation)

Fed I.D. # 02-0602844  
\*\* 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: 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: 617-835-7722

I, (print name) Stacy Walker, 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 23<sup>rd</sup> day of April, 20 12. Stacy A. Walker  
(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: \_\_\_\_\_

# 23698097

# 12508300

# \_\_\_\_\_

NOTES: 12564

CLERK'S INITIALS: A

ORIGINAL STAMP: 

**RECEIVED**

4-26-12



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

**Applicant Information:**

Please PRINT legibly

name: Stacy Walker  
address: 109-111 Prospect St.  
city: Somerville state: MA zip: 02143 phone # 617-625-7277

**work site location (full address):**

- ☒ I am a sole proprietor and have no one working in any capacity. **Business Type:** ☐ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☐ I am an employer providing workers' compensation for my employees working on this job. ☐ Other \_\_\_\_\_

**company name:**

**address:**

**city:**

**phone #:**

**insurance co.**

**policy #**

- ☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

**company name:**

**address:**

**city:**

**phone #:**

**insurance co.**

**policy #**

**company name:**

**address:**

**city:**

**phone #:**

**insurance co.**

**policy #**

**Attach additional sheet if necessary**

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

Print name

Phone #

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_

phone #: \_\_\_\_\_

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_

(revised Sept. 2003)