



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

2015 APR 10 A 11:28

**Application to Renew Garage License**

CITY CLERK'S OFFICE  
 SOMERVILLE

**PAULA WILSON**  
**PO BOX 398005**  
**CAMBRIDGE MA 02139**

License #: BL15-000745  
 File #: 15-628  
 Fee: 550

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: PAULA WILSON Business Location: 109 PROSPECT ST Business Phone: 617-625-7277	Business/DBA Name: 429 Corp.
License Holder: PAULA WILSON PO BOX 398005 CAMBRIDGE MA 02139	License Holder: 492 Corp 169-111 Prospect St. Somerville, MA 617-625-7277
Mailing Address: PAULA WILSON PO BOX 398005 CAMBRIDGE MA 02139	Mary Walker
Business Type: Corporation PAULA WILSON PATRICIA CONOVER PAULA WILSON	President - Mary Walker Treasurer - Patricia Conover Secretary - Mary Walker
FID: 020602844	
Emergency Contact: PATRICIA CONOVER Phone: 339-788-7438	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-12PM # of Vehicles Kept Inside: 5 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? Yes Spray Painting? Yes Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	15

Paula Wilson passed away on 3/25/14. Business name and License holder should not have been changed previous year. Should be kept 429 corp.

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: 4/9/15

Printed 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 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 9<sup>th</sup> day of April, 20 15. Patricia Conover  
(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: \_\_\_\_\_

# 12858      # 125083001      # \_\_\_\_\_      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: SR

ORIGINAL STAMP:



SR  
RECEIVED  
4-10-15

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: 429 Corp.  
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: 4/9/15  
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 #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_