



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

2015 CERTIFICATE OF REGISTRATION
Application to Renew Garage License

PROSPECT-HOUGHTON REALTY TRUST
151 COOLIDGE AVE #607
WATERTOWN MA 02472

License #: BL15-000746
File #: 15-629
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: PROSPECT-HOUGHTON REALTY TRUST Business Location: 121 PROSPECT ST Business Phone: 617-623-9533	MASTER USED CARS
License Holder: PROSPECT-HOUGHTON REALTY TRUST 151 COOLIDGE AVE #607 WATERTOWN MA 02472	
Mailing Address: PROSPECT-HOUGHTON REALTY TRUST 151 COOLIDGE AVE #607 WATERTOWN MA 02472	
Business Type: Corporation PETERSON FREDERICO PETERON FREDERICO PETERSON FREDERICO	
FID: 261772165	
Emergency Contact: STEPHEN WYNER Phone: 617-232-4258	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-7PM, SA 8AM-3PM # of Vehicles Kept Inside: 4 # of Vehicles Kept Outside: 0 Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

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. Prospect-Houghton RT

Signature: Steph R Wyner Date: March 24, 2015



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: Stephen R Wyner Prospect Houghton Realty Trust

Address of taxpayer/applicant's business in Somerville: 121-123 Prospect Street

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-232-4258 evening: 617-923-9408

I, (print name) Stephen R Wyner, 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 12th day of

March, 20 15, Steph R Wyner
(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: _____

12865 # 125086001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



3-12-15 SR

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: MASTER USED CARS

Address: 121 PROSPECT STREET

City: SOMERVILLE State: MA Zip: 02143 Phone #: (617)623-9533

- ☒ I am an employer with 3 employees (full and/or part time). Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____
- ☐ 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: DOWLING INSURANCE AGENCY, INC./UTICA MUTUAL INC.CO

Address: 44 ADAMS ST PO BOX 850962

City: BRAINTREE State: MA Zip: 02185 Phone #: (781)848-7652

Policy #: 4640016 Expiration Date: 3/20/2016

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: T. Santos Date: 3/20/2015

Print Name: TERESA CAMPOS SANTOS

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 _____