

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 3/23/10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>4/1/10 - MS</u>
Amount Paid	<u>250.00 ck# 013400</u>

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: CASPAR, Inc. Phone: 617-628-3850

Business DBA Name (if applicable): CASPAR Second GEAR

Address with Zip Code: 160 Highland Ave., Somerville, MA 02143

Tax Identification Number: 237-193-288 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): CASPAR, Inc.

Address with Zip Code: 315 Highland Ave., Somerville, MA 02144

Property Owner Name: Paul X. Murphy Phone: 781-245-6134

Address with Zip Code: 64 Morrison Road - West, Wakefield, MA 01880

Emergency Contact 1: EDITH TEVES Phone: 617-591-1900

Emergency Contact 2: LYNNE S. BRANDON Phone: 617-628-3850

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: RUTH FISHBEIN

Address with Zip Code: 315 Highland Ave., Somerville, MA 02144

Partner's/Member's/Secretary's Name: CATHERINE HART

Address with Zip Code: 315 Highland Ave., Somerville, MA 02144

Partner's/Member's/Treasurer's Name: JOHN CIAMPA

Address with Zip Code: 315 Highland Ave., Somerville, MA 02144

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 APR - 11 PM
2:49

**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.

CASPAR, INC.

*Signature of Individual or Corporate Name (Mandatory)

Sandra E. Logreca Vice President
By: Corporate Officer (Mandatory, if a corporation)

23-7193288

**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: CASPAR, Inc.

Address of taxpayer/applicant's business in Somerville: 315 Highland Ave.,
Somerville, MA 02144

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

Taxpayer/applicant's phone: day: 617-628-3850 evening: _____

I, (print name) Lynne S. Brandon, 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 26th day of
MARCH, 2010. Lynne S. Brandon
(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: _____
99735143 # 316008011 # NO ACCT # _____

NOTES:

CLERK'S INITIALS: L

ORIGINAL STAMP:

received
1-28-10

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: CASPAR, Inc.

Address: 315 Highland Ave.

City: Somerville State: MA Zip: 02144 Phone #: 617-628-3850

- I am an employer with 75 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: MASS. BAY SELF-INSURANCE GROUP, INC.

Address: 12 Gill Street

City: Woburn State: MA Zip: 01801 Phone #: 800-222-5963

Policy #: WC 201080319 Expiration Date: 01/01/11

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: Lynne S. Brandon Date: 3/24/10

Print Name: LYNNE S. BRANDON

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