

\$250.00

APPLICATION FOR A JUNK DEALER LICENSE

Application Fee \$250.00

Date 4/9/10

2010 APR 11 A 8:50	
FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	
Amount Paid	CITY CLERK'S OFFICE

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

Business Name: Prospect Iron+steel Corp Phone: 617-666-3405

Business DBA Name (if applicable): _____

Address with Zip Code: 40 Bennett St Somerville ma 02143

Tax Identification Number: 041745846 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Same as above

Address with Zip Code: _____

Property Owner Name: Sheldon Grossman Phone: 617-969-7881

Address with Zip Code: 40 Montrose Rd Newton ma 02459

Emergency Contact 1: Bob Nash Phone: 617-839-9590

Emergency Contact 2: Mel Nash Phone: 617-839-9598

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: Sheldon Grossman

Address with Zip Code: 40 Montrose Rd Newton ma 02459

Partner's/Member's/Secretary's Name: Robert Nash

Address with Zip Code: 17 Rutgers Rd Andover ma 01810

Partner's/Member's/Treasurer's Name: Sheldon Grossman

Address with Zip Code: 40 Montrose Rd Newton ma 02459

Will you lend money on the security of personal property lent to you? _____ Yes No

Will you operate as a pawnbroker? _____ Yes No

Describe your business plan: Scrap metal recycling

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature]

Date: 3/24/10

Print Name: Robert Nash

Phone: 617-666-3405

FOR NEW APPLICANTS OR APPLICANTS CHANGING THEIR BUSINESS PLAN:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: _____ Approved _____ Denied

Signature: _____

Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: _____ Approved _____ Denied

Signature: _____

Date: _____

CONDITIONS

1. I certify that I am a citizen of the United States.
2. I will not primarily engage in the picking, sorting or storage of rags or waste papers.
3. I will not primarily engage in the use of a vehicle for the collection of junk, old metals, or other secondhand articles in the City.

4. _____

Signature of Applicant: [Signature]

Date: 3/24/10

**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.

 Prospect Iron + Steel Corp

*Signature of Individual or Corporate Name (Mandatory)

Robert Nash 

By: Corporate Officer (Mandatory, if a corporation)

041745846

**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: Project Iron+Steel Corp

Address of taxpayer/applicant's business in Somerville: 40 Bennett St Somerville ma 0214

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-666-3405 evening: 617-839-9590

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 24th day of march, 2010. [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 # 146023601 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
Ushakov
4-9-10

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: Prospect Iron + Steel Corp
Address: 90 Bennett St
City: Somerville State: ma Zip: 02143 Phone #: 617-666-3405

- I am an employer with 10 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: Wassau Insurance Co
Address: Commercial Affinity Division Suite 150 13930 Ballantyne Corp Place
City: Charlotte State: NC Zip: 28277 Phone #: 791-247-7800
Policy #: WCJZ 91451991019 Expiration Date: 6/4/10

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: [Signature] Date: 4/9/10
Print Name: Robert M 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 _____

Wausau Insurance Companies

**Information Page
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Issued by: Wausau Underwriters Insurance Company

FEIN 041745746

NCCI Carrier Code
18996

Policy Number
WCU-291-451991-019

TD/CD
92/4 2

Producer
008247
WILLIS OF NEW HAMPSHIRE INC

New

Account No. Sub Acct No.
9-451991 0000

PEASE INTERNATIONAL TRADEPORT
ONE NEW HAMPSHIRE AVE STE 200
PORTSMOUTH, NH 03801

Insured is: Corporation

1. Insured and Mailing Address
PROSPECT IRON & STEEL CORPORATION

40 BENNETT STREET
SOMERVILLE MA 02143

Other workplaces not shown above: See Item 4. Premium - Extension of Information Page

2. The policy period is from 06/04/2009 to 06/04/2010 12:01 A.M. standard time at the Insured's mailing address.
3. Coverage:
- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: See form WC 99 00 21, Extension of Information Page
 - B. Employers Liability Insurance: Part Two of this policy applies to 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:
All States except those listed in Item 3.A and the States of:
ND OH WA WY
 - D. This policy includes these endorsements and schedules:
See Item 3. Coverage D - Extension of Information Page
4. Premium. 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 Estimated Annual Remuneration	Rates per \$100 of Remuneration	Estimated Annual Premium
See Extension of Information Page				
Minimum Premium: Workers Compensation	\$500.0	(MA)		
Total estimated premium				\$18,184
Premium will be billed: Quarterly	4			
Deposit Tax/Surcharge/Assessment:	\$1,206			Deposit Premium \$18,184

Assn 4276 ORP 19 NR 1
Underwriting Office
COMMERCIAL AFFINITY DIVISION
SUITE 150
13830 BALLANTYNE CORPORATE PLACE
CHARLOTTE, NC 28277

Producing Office: 089A CHARLOTTE, NC-W

Address

Countersigned by



Authorized Representative MA
Issued 06/03/2009