



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW FLAMMABLES LICENSE

**DOUCETTE AUTO SERVICE
WILLIAM DOUCETTE AUTO SALES, INC.
325 ALEWIFE BROOK PKWY
SOMERVILLE, MA 02144**

License #: **533**
City # **F221**
Fee: **550.00**
Account ID: **433**
Reference #: **533**

7028

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: For DOUCETTE AUTO SERVICE Business Location: 325 ALEWIFE BROOK PKWY Business Phone: 617-666-9800	
License Holder: DOUCETTE AUTO SERVICE WILLIAM DOUCETTE AUTO SALES, INC. 325 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144 617-666-9800	
Mailing Address: DOUCETTE AUTO SERVICE 325 ALEWIFE BROOK PKWY SOMERVILLE, MA 02144	
Business Type: SOLE PROPRIETORSHIP	
FID: 043398706	
Food Manager/Emergency Contact:	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:
Originally Issued 6/21/2001, 16,000 Underground Gasoline. 500 Gals. Waste Oil.

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: Date: 3.28.13
Print Name: William Doucette Phone: 617-666-9800 - 617-777-0460

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: William Doucette
 Address: 325 ALDWIFE BRICK PKWY
 City: Somerville State: MA Zip: 02144 Phone #: 617-666-9800

- I am an employer with 0 employees (full and/or part time).
 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.
- Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - 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: [Signature] Date: 3.23.13
 Print Name: William Doucette

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 _____

(revised Jan. 2008)



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Rocette Auto Service

Address of taxpayer/applicant's business in Somerville: 325 ALEWIFE BROOK PKWY

Address of taxpayer/applicant's home in Somerville: 493 MEDFORD ST.

Taxpayer/applicant's phone: day: 617-666-9800 evening: 617-797-0460

I, (print name) William Rocette, 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 day of March, 2013. [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: _____

323 # 345022011 # 11 # _____

NOTES:

CLERK'S INITIALS: URG

ORIGINAL STAMP: _____

RECEIVED
(Banar)
3-28-13