

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE  
2 HOLDEN STREET  
CAMBRIDGE MA 02138

LIC #: 2010-109  
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles: XWashing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$500.00 not  
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE TEL: 617-354-4679  
Company Address: 00387 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One:

Individual:      Co:      Corp:      Trust: X Agency      Ship      Other     Owner Name: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE TEL: 617-354-4679Owner Address: 2 HOLDEN STREETOwner City: CAMBRIDGE State: MA Zip: 02138FID#: 046484860

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERATIONS \*\*\*\*\*

MONDAY-FRIDAY: 06:30 AM-06:00 PM

SATURDAY: 06:30 AM-06:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-109

FEE: \$500.00

This is to certify: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 05/14/1914

Garage situated at: 00387 WASHINGTON STDoing business as : DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEEShall not exceed: 12 Vehicles Inside

in addition the following restrictions apply:

AMENDED NUMBER OF CARS ON BOA #183221, 04/26/2007

AMENDED HOURS OF OPERATION: BOA #181044, 04/27/2006

2010 APR 28 A 11:31  
CITY CLERK'S OFFICE  
J.J. LONG, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner      Occupant      Holder X

Dewire Family Trust James M. Dewire Trustee  
Signature of Applicant

2 Holden Street

Address

Cambridge  
CityMa  
State02138  
Zip

\*\* Office Use Only \*\*

Mailed     Taken     Received: CR 5324\$500-

City Clerk

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.

James M. Dowine Trustee, Dowine Family Trust  
\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

FID# 046484860  
\*\* 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.



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Dewire Family Trust, James M. Dewire Trustee

address: 387 Washington Street

city Somerville state: ma. zip: 02143 phone # 617-354-4679

work site location (full address):

☒ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment

☐ I am an employer with \_\_\_\_\_ employees (full & part time). ☐ Office ☐ Sales (including Real Estate, Autos etc.)

☒ Other Storage + Repair Motor Vehicles

☐ I am an employer providing workers' compensation for my employees working on this job.

company name:

address:

city:

phone #:

insurance co.

policy #

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city:

phone #:

insurance co.

policy #

company name:

address:

city:

phone #:

insurance co.

policy #

Attach additional sheet if necessary

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 year's 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 James M. Dewire Trustee, Dewire Family Trust Date April 13, 2010

Print name James M. Dewire Trustee, Dewire Family Trust Phone # 617-354-4679

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Dewine Family Trust
2. Address of taxpayer/applicant's business in Somerville: 387 Washington Street
3. Address of taxpayer/applicant's home in Somerville: 2 Holden Street, Cambridge, Ma. 02138
4. Taxpayer/applicant's phone: day: 617-354-4679 evening: 617-354-4679

I, James M. Dewine, Trustee, Dewine Family Trust, 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

April, 20 10. James M. Dewine, Trustee  
(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: \_\_\_\_\_

# 04189050 # 24706100 # NO A/C # \_\_\_\_\_  
24602100

NOTES:

CLERK'S INITIALS: 26

ORIGINAL STAMP:

**received**  
4-27-10