



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Garage License

BONNER, DONALD W.
27 CUTTER ST
SOMERVILLE MA 02145

License #: BL15-000959
File #: 15-759
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: BONNER, DONALD W. Business Location: 25 CUTTER ST Business Phone: 617-776-6309	DON'S AUTOMOTIVE
License Holder: BONNER, DONALD W. 27 CUTTER ST SOMERVILLE MA 02145	
Mailing Address: BONNER, DONALD W. 27 CUTTER ST SOMERVILLE MA 02145	
Business Type: Sole Proprietor DONALD BONNER	
FID: 013388272	
Emergency Contact: DONALD BONNER Phone: 617-620-5055	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: 2 Open to the public? Yes Mechanical repairs? No Autobody work? Yes Spray Painting? Yes 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.

Signature: Donald W Bonner Date: 3-29-15

Printed Name: DONALD W BONNER Phone: 617-620-5055



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Donald W. Banner/Don's Automotive

Address of taxpayer/applicant's business in Somerville: 27 Cutter St.

Address of taxpayer/applicant's home in Somerville: 32 Glen St.

Taxpayer/applicant's phone: day: 617-620-5055 evening: _____

I, (print name) Donald W. Banner, 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 29 day of March, 20 15. Donald W Banner
(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: _____
6217
02059188 # 114093011 # 020302107 # _____

NOTES:

CLERK'S INITIALS: UB ORIGINAL STAMP: _____

RECEIVED
UBanner
3-30-15

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: Donald W. Bonner
Address: 20 Hastings Lane
City: Medford State: MA Zip: 02155 Phone #:

- I am an employer with _____ 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 Automotive A/B

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: Donald W. Bonner Date: 3-29-15
Print Name: Donald W. Bonner

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
Contact Person: _____ Phone #: _____ Other _____