



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2016 MAR 22 P 12:42

Application to Renew Garage License

DRAIN DOCTOR, INC.
612 BROADWAY
SOMERVILLE MA 02145

License #: BL15-000596
File #: 15-484
Fee: 605

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: DRAIN DOCTOR, INC. Business Location: 612 BROADWAY Business Phone: 617-628-8833	
License Holder: DRAIN DOCTOR, INC. 612 BROADWAY SOMERVILLE MA 02145	
Mailing Address: DRAIN DOCTOR, INC. 612 BROADWAY SOMERVILLE MA 02145	
Business Type: Corporation DANIEL COYLE DANIEL COYLE FRANK FALVEY	
FID: 042868395	
Emergency Contact: DANIEL COYLE Phone: 617-201-1122/603-539-2444	
Proposed Hours of Operation if outside standard hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 15 # of Vehicles Kept Outside: 10 Open to the public? No Mechanical repairs? No Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? No Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	

Sandell O'Neal 617-628-8833

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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Drain Doctor Inc

Address of taxpayer/applicant's business in Somerville: 612 Broadway

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

Taxpayer/applicant's phone: day: 617-628-8833 evening: 603-539-2444

I, (print name) Sandra A. Osgood, 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 25 day of February, 20 16. Sandra A. Osgood
(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: _____

2246 # 302049011 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

received
UB
3-16-16

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: Sandra A Osgood
Address: 612 Broadway
City: Somerville State: MA Zip: 02145 Phone #: 617-628-8833

- ☒ I am an employer with 17 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: The Hartford
Address: 2420 Lakemont Ave PO Box 3556
City: Orlando State: FL Zip: 32802 Phone #: 800-453-9843
Policy #: 2E626172 UB Expiration Date: 12/31/16

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: Sandra A Osgood Date: 2/25/16

Print Name: Sandra A. Osgood

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 _____