

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

WILLIAM DOUCETTE

2353 MASSACHUSETTS AVENUE, #98
CAMBRIDGE MA 02140 4444

Lic#: F-2011-221

B.O.A.#: 169374

Fee: \$500.00

Restricted to: 16,000 Gallons Total

Restricted as follows;

underground gasoline and 500 Waste Oil

2011 APR - 1 A 1053
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 06/21/2001 for the lawful use of the building (s) or other structure situated or to be situated at 00325 ALEWIFE BROOK PKWY as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: DOUCETTE AUTO SERVICE

TEL: 617-666-9800

Company Address: 00325 ALEWIFE BROOK PKWY

City: SOMERVILLE State: MA Zip: 02144

Check One:

Individual: ☒ Co: ☐ Corp: ☐ Trust: ☐ Agency ☐ Ship ☐ Gov't Partner
Other

Owner Name: WILLIAM DOUCETTE

TEL: 617-797-0460

Owner Address: 2353 MASSACHUSETTS AVENUE, #98

Owner City: CAMBRIDGE

State: MA

Zip: 02140

FID#: 043398706

This Application must be signed and filed with the required fee no later than April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2011 please advise this office at once.

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

Check One: Owner ☒ Occupant ☐ Holder ☐

Signature of Applicant

2353 MASS AVE

#98

Address

CAMBRIDGE

MA

02140

City

State

Zip

** Office Use Only **

Mailed

Taken

Received: \$500.00

ck# 3083

4/1/11-ms

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)



** 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: William Doucette

Address of taxpayer/applicant's business in Somerville: 325 Alewife Brook Pkwy

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

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

I, (print name) William Doucette, 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 _____ day of

_____, 20____.

(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: _____
05228172 # 34502201 # 30051561 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
A 4-1-11



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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: William Doucette

address: 325 Alewife Brook Pkwy

city: Somerville

state: MA

zip: 02144

phone #: 617-666-9800

work site location (full address): Same as Above

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

☐ Office ☒ Sales (including Real Estate, Autos etc.)

☐ I am an employer with _____ employees (full & part time). ☐ Other

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

company name: Doucette Auto Service

NO EMPLOYEES

address: 325 Alewife Brook Pkwy

city: Somerville MA 02144

phone #: 617-666-9800

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 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

Date

4.1.11

Print name

William Doucette

Phone #

617-666-9800

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 _____