

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

DANIEL COYLE
3 FURBISH POND LANE
NORTH READING MA 01864

LIC #: 2010-216
B.O.A.# 165396

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: Auto Body Work: Parking or Storing Vehicles:
Washing 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: DRAIN DOCTOR, INC. TEL: 617-628-8833
Company Address: 00612 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: Trust: Agency Gov't Ship Partner Other
Owner Name: DANIEL COYLE TEL: 1-978-276-3431
Owner Address: 3 FURBISH POND LANE

Owner City: NORTH READING State: MA Zip: 01864
FID#: 042868395

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 OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
*** GARAGE NOT OPEN TO THE PUBLIC ***

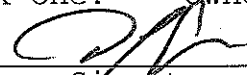
LICENSE #: 2010-216
FEE: \$500.00

This is to certify: DANIEL COYLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/07/1999

Garage situated at: 00612 BROADWAY
Doing business as : DRAIN DOCTOR, INC.
Shall not exceed: 15 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:
NOT TO EXCEED 25 VEHICLES. AMEND PERMIT FOR 612 BROADWAY
restrict parking of employees and trucks on the owners premises and not
on city streets.

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 MAY 19 P 2:36



Signature of Applicant

3 FURBISH POND LANE

Address

NORTH READING MA 01864

City State Zip

** Office Use Only **
Mailed
Taken
Received: \$500.00 ck# 5190
Shallo -ms

City Clerk

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: DRAIN DOCTOR, Inc.
Address: 612 BROADWAY
City: SOMERVILLE State: MA Zip: 02145 Phone #: 617-628-8833

- I am an employer with 18 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 SERVICE

Workers' compensation insurance information (if applicable):

Insurance Company Name: ACE USA
Address: DEPT CA 14089
City: PALATINE State: IL Zip: 60055 Phone #: 877-490-7427
Policy #: C45848735 Expiration Date: 12-31-10

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: 5-13-10
Print Name: DANIEL J. COYLE

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 _____

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.

DRAIN DOCTOR, INC.

* Signature of Individual or Corporate Name (Mandatory)

 PRES.

By: Corporate Officer (Mandatory, if a corporation)

04-2868395

** 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

1. Exact name of taxpayer/applicant's business: Drain Doctor, Inc.
2. Address of taxpayer/applicant's business in Somerville: 612 Broadway
3. Address of taxpayer/applicant's home in Somerville: —
4. Taxpayer/applicant's phone: day: 617-625-8833 evening: 978-276-3436

I, Daniel J. Coyle, 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 13th day of May, 2010. [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: _____

04184017 # 300049011 # 30050370

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: **received**
15-19-11