

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

DONALD W. BONNER
20 HASTINGS LANE
MEDFORD

MA 02155

LIC #: 2011-028

B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___Washing Vehicles: ___ Spray Painting: X 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, 2011. 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: DON'S AUTOMOTIVE TEL: 617-776-6309Company Address: 00013 -00027 CUTTER STCity: SOMERVILLE State: MA Zip: 02145

Check One:

Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Ship ___ Other ___Owner Name: DONALD W. BONNERTEL: 617-620-5055Owner Address: 20 HASTINGS LANEOwner City: MEDFORDState: MAZip: 02155FID#: 013388272

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 04/30/2011, please advise.

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

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 OPEN TO THE PUBLIC --

LICENSE #: 2011-028

FEE: \$500.00

This is to certify: DONALD W. BONNER

has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/20/1954

Garage situated at: 00013 -00027 CUTTER ST

Doing business as : DON'S AUTOMOTIVE

Shall not exceed: 3 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

SHALL NOT EXCEED 5 AUTOS

Approved by BOA with restrictions on 4-24-08. The restrictions are - wit
h ISD approval.

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

Check One: Owner ✓ Occupant ___ Holder ___

Donald W Bonner
Signature of Applicant

20 Hastings Lane
Address

Medford MA 02155
City State Zip

** Office Use Only **

Mailed
TakenReceived: \$500.00

M.O.

4/6/11 - MS

City Clerk

2011 APR - 6
CITY CLERK'S OFFICE
SOMERVILLE, MA

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.

Donald W Bonny

* 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

1. Exact name of taxpayer/applicant's business: Donald Bonner / Don's Automotive
2. Address of taxpayer/applicant's business in Somerville: 2527 Cutter St.
3. Address of taxpayer/applicant's home in Somerville: 32 Glen St.
4. Taxpayer/applicant's phone: day: 617-776-6309 evening: _____

I, Donald Bonner, 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 6 day of

April, 2011. Donald W Bonner
(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: _____

02059188 # 114093011 # 30050367 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

received
Baran

4-6-11



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: Donald Bonner
address: 20 Hastings Lane
city: Medford state: MA zip: 02155 phone # _____

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
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ I am an employer with _____ employees (full & part time). ☒ Other Automotive
☐ 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 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 A Bonner

Date

4-6-11

Print name

Donald Bonner

Phone #

617-620-5055

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 #:

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

(revised Sept. 2003)