

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
684 LOWELL STREET
LEXINGTON MA 02420 4444

Lic#: F-2010-221
B.O.A.#: 169374
Fee: \$500.00

Restricted to: 16,000 Gallons Total
Restricted as follows;
underground gasoline and 500 Waste Oil

CITY CLERK'S OFFICE
2010 APR 13 A 10:31

Is the holder of the license originally granted 06/21/2001
for the lawful use of the building (s) or other structure (s) 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: ~~684 LOWELL STREET~~ 2353 MASS AVE


Owner City: ~~LEXINGTON~~ CAMBRIDGE State: MA Zip: ~~02120~~ 02140
FID#: 043398706

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2010 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
Address

CAMBRIDGE MA. 02140
City State Zip

** Office Use Only **
Mailed _____
Taken
Received: \$ 500.00 ck# 2638
4/13/10 - ms
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

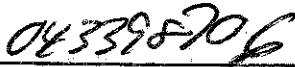
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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: Doucette Auto Service
- 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: 617-797-0460 evening: _____

I, 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 5 day of April, 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: _____

05228172 # 345022011 # 30051561 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: _____

received
4-12-10

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: William Duvette
 Address: 2353 MASS AVE
 City: CAMBRIDGE State: MA Zip: 02140 Phone #: 617-297-0460

- I am an employer with _____ 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: T. EDUARDO GARRETY + CO
 Address: 545 CONCORD AVE
 City: CAMBRIDGE State: MA Zip: 02138 Phone #: 617 354-5828
 Policy #: 4261309 Expiration Date: 11-4-2010

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: 4.13.10
 Print Name: William Duvette

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 _____