



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW GARAGE LICENSE

DRAIN DOCTOR, INC./DANIEL COYLE
3 FURBISH POND LANE
NORTH READING, MA 01864

License #: **596**
City # **G216**
Fee: **550.00**
Account ID: **484**
Reference #: **596**

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: 1-978-664-1163	
License Holder: DRAIN DOCTOR, INC./DANIEL COYLE 3 FURBISH POND LANE NORTH READING, MA 01864 1-978-664-1163	<i>612 Broadway Somerville, MA 02145</i>
Mailing Address: DRAIN DOCTOR, INC./DANIEL COYLE 3 FURBISH POND LANE NORTH READING, MA 01864	<i>612 Broadway Somerville, MA 02145</i>
Business Type: CORPORATION (INC. LLC)	
FID: 042868395	
Food Manager/Emergency Contact:	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

NOT OPEN TO THE PUBLIC

- 1 STORING VEHICLES
- 15 VEHICLES INSIDE
- 10 VEHICLES OUTSIDE

Description of Location and/or Other Conditions:

Originally Issued 7/7/1999, No Employee or Truck Parking On Streets. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

CITY CLERK'S OFFICE
 SOMERVILLE, MA
 MAY 29 A 10:22

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.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Sandra A. Orsmaal* Date: *3-26-19*
 Print Name: *Sandra A. Orsmaal* Phone: *617-628-8833*



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: Same

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

I, (print name) Sandra 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 26 day of MARCH, 20 14. Sandra 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: _____

2225 # 302049011 # 221 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
5/29/14

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: DRAM Doctor, Inc
 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). **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: Travelers Prop + Casualty / Phoenix Ins
 Address: One tower square
 City: Hartford State: CT Zip: 06183 Phone #: 866-904-8348
 Policy #: 12B-4205T30-A-14 Expiration Date: 12/31/2014

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: 3/26/14
 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 _____