

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK

\$500

RENEWAL APPLICATION FOR GARAGE LICENSE

DEWIRE FAMILY TRUST, JAMES DEWIRE TRUSTEE
2 HOLDEN STREET
CAMBRIDGE MA 02138

LIC #: 2011-006

2011 JUN 16 P 4:04

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

CITY CLERK'S OFFICE
SOMERVILLE, MA

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: DEWIRE FAMILY TRUST JAMES DEWIRE TRUSTEE TEL: 617-354-4679
Company Address: 00139 -00147 BEACON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Gov't ___ Partner ___
Ship ___ Other ___

Owner Name: DEWIRE FAMILY TRUST, JAMES DEWIRE TRUSTEE TEL: 617-354-4679

Owner Address: 2 HOLDEN STREET

Owner City: CAMBRIDGE State: MA Zip: 02138

FID#: 046484860

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-03:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-006
FEE: \$500.00

This is to certify: DEWIRE FAMILY TRUST, JAMES DEWIRE TRUSTEE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 06/08/1922

Garage situated at: 00139 -00147 BEACON ST
Doing business as : DEWIRE FAMILY TRUST JAMES DEWIRE TRUSTEE
Shall not exceed: 22 Vehicles Inside
in addition the following restrictions apply:

AMENDED-6/13/29
NUMBER OF CARS AMENDED BOA #183220, 4/26/2007
HOURS OF OPERATION AMENDED BOA #181045, 04/27/2006

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

Check One: Owner X Occupant ___ Holder ___

Dewire Family Trust James Dewire Trustee
Signature of Applicant

2 Holden Street

Address

Cambridge Ma 02138
City State Zip

** Office Use Only **
Mailed _____
Taken _____

Received: _____

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.

Dewire Family Trust James Dewire, Trustee
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

FID # 046484860
** 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.



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: Dewire Family Trust
 address: 139-147 Beacon Street
 city Somerville state: Ma zip: 02143 phone # 617-354-4679

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 Automobile Storage
 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 James Dewire Trustee, Dewire Family Trust Date June 14, 2011

Print name James Dewire Trustee, Dewire Family Trust Phone # 617-354-4679

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

- check if immediate response is required Licensing Board
 Selectmen's Office
 Health Department
 Other _____

contact person: _____ phone #: _____
(revised Sept. 2003)



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: Dewire Family Trust

Address of taxpayer/applicant's business in Somerville: 139 - 147 Beacon Street

Address of taxpayer/applicant's home in Somerville: 2 Holden Street, Cambridge, Ma. 02138

Taxpayer/applicant's phone: day: 617-354-4679 evening: 617-354-4679

I, (print name) James M. Dewire, Trustee, 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 16 day of

June, 20 11. James M. Dewire, Trustee
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>04189010</u>	# <u>24300001</u>	# <u>No ACC</u>	# _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
6-16-11