



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

CK-6172
\$ 550

APPLICATION TO RENEW GARAGE LICENSE

DEWIRE FAMILY TRUST
2 HOLDEN STREET
CAMBRIDGE, MA 02138

License #: 774
City #G108
Fee: 550.00
Account ID: 657
Reference #: 774

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: For DEWIRE FAMILY TRUST Business Location: 381 WASHINGTON ST Business Phone: 617-354-4679	
License Holder: DEWIRE FAMILY TRUST 381-383 WASHINGTON ST SOMERVILLE, MA 02143 617-354-4679	
Mailing Address: DEWIRE FAMILY TRUST CAMBRIDGE, MA 02138	
Business Type: TRUST TRUSTEE - JAMES DEWIRE	
FID: 046484860	
Food Manager/Emergency Contact: JAMES DEWIRE	

2013 APR 23 PM 3:28
CITY CLERK'S OFFICE
SOMERVILLE, MA

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-3PM**

OPEN TO THE PUBLIC

1 STORING VEHICLES 30 VEHICLES OUTSIDE
52 VEHICLES
22 VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 8/14/1924. No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: James Dewire

Date April 22, 2013

Print Name: James Dewire

Phone 617-354-4679

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: Dewire Family Trust
Address: 381 - 383 Washington Street
City: Somerville State: Ma. Zip: 02143 Phone #: 617-354-4679

- | | | |
|--|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing | |
| | <input type="checkbox"/> Health Care | |
| | <input checked="" type="checkbox"/> Other <u>Vehicle Storage</u> | |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: James Dewire Date: April 22, 2013
Print Name: James Dewire

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Dewire Family Trust

Address of taxpayer/applicant's business in Somerville: 381-383 Washington Street

Address of taxpayer/applicant's home in Somerville: _____

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

I, (print name) James Dewire, 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 22 day of April, 2013. James Dewire
(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: _____

15649 # 247060011 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

