

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CHARLES J. & MARY ELLEN DOHERTY
173 WOBURN STREET
MEDFORD MA 02155

LIC #: 2010-160
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles:
Washing Vehicles: Spray Painting: 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, 2010. 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: C.J. DOHERTY, INC. TEL: 617-623-6609
Company Address: 00400 MYSTIC AV

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: Co: Corp: X Trust: Agency Ship Other
Owner Name: CHARLES J. & MARY ELLEN DOHERTY TEL: 781-391-4504
Owner Address: 173 WOBURN STREET

Owner City: MEDFORD State: MA Zip: 02155
FID#: 042640572

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 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 07:00 AM-06:00 PM
SATURDAY: 07:00 AM-05:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

\*\*\* GARAGE NOT OPEN TO THE PUBLIC \*\*\* LICENSE #: 2010-160
FEE: \$500.00

This is to certify: CHARLES J. & MARY ELLEN DOHERTY
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 03/28/1991

Garage situated at: 00400 MYSTIC AV
Doing business as : C.J. DOHERTY, INC.

Shall not exceed: 4 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:

EQUIPMENT TO ENTER & EXIT PROPERTY FROM MYSTIC AVE. ONLY
MACHINERY NOT STARTED BEFORE 7AM.

\*\*\*\* REMOVE WIRE FROM FENCE \*\*\*\*

WOOD SCREENING TO BE INSTALLED IN THE CHAIN LINKED FENCE

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Handwritten signature of Charles J. & Mary Ellen Doherty
Signature of Applicant
Address
City State Zip

\*\* Office Use Only \*\*
Mailed
Taken
Received: \$500.00 cl# 1462
4/5/10 - MS
City Clerk

2010 APR - 8 / PD 3:19
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.

*CT Doherty Inc*

\* Signature of Individual or Corporate Name (Mandatory)

*Nancy Allen Doherty*

By: Corporate Officer (Mandatory, if a corporation)

*04-2640572*

\*\* 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, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

**Applicant information:**

Please PRINT legibly

name: CJ Doherty Inc  
 address: 173 Leoburn St  
 city: Methuen state: Ma zip: 02155 phone #: 781 391 4504  
 work site location (full address): 400 Mystic Ave Soucielle Ma 02143  
 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 10 employees (full & part time).  Other

I am an employer providing workers' compensation for my employees working on this job.

company name: CJ Doherty Inc  
 address: 173 Leoburn St  
 city: Methuen Ma phone #: 781 391 4504  
 insurance co. Paetec Ins policy #: WC 852 8771

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: Mary Ellen Doherty Date: 4/10/10  
 Print name: Mary Ellen Doherty Phone #: 781 391 4504

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

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other

check if immediate response is required

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: CJ Odekerk Inc
- Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave
- Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
- Taxpayer/applicant's phone: day: 781 391 4504 evening: 781 391 4504

I, Maeg Allen Shady, 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<sup>th</sup> day of April, 2010. Maeg Allen Shady  
(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: \_\_\_\_\_

# 0319130      # 134082001      # 30057613      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
Barrow

4-8-10