

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

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

LIC #: 2012-216
B.O.A.# 165396

*** 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:___

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 \$550.00 not
later than April 30, 2012. 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: DRAIN DOCTOR, INC. TEL: 617-628-8833
Company Address: 00612 BROADWAY

City: SOMERVILLE State: MA Zip: 02145

Check One: _____ Gov't _____ Partner _____
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Owner Name: DRAIN DOCTOR, INC./DANIEL COYLE TEL: 1-978-664-1163
Owner Address: 3 FURBISH POND LANE

Owner City: NORTH READING State: MA Zip: 01864

FID#: 042868395

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 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM

SATURDAY: 08:00 AM-02:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

*** GARAGE NOT OPEN TO THE PUBLIC ***

LICENSE #: 12-216
FEE: \$550.00

This is to certify: DRAIN DOCTOR, INC./DANIEL COYLE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/07/1999

Garage situated at: 00612 BROADWAYDoing business as : DRAIN DOCTOR, INC.

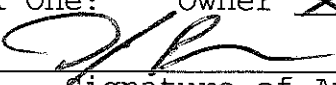
Shall not exceed: 15 Vehicles Inside & 10 Vehicles Outside, not on public ways
in addition the following restrictions apply:

NOT TO EXCEED 25 VEHICLES. AMEND PERMIT FOR 612 BROADWAY

restrict parking of employees and trucks on the owners premises and not
on city streets.

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

Check One: Owner X Occupant _____ Holder _____


Signature of Applicant

3 Furbish Pond Lane

Address

NORTH READING, MA 01864
City State Zip

** Office Use Only **

Mailed _____

Taken _____

Received: 6/25/2012 \$550-CK 5941

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: DRAIN DOCTOR, INC.

Somerville Address and Zip Code: 612 BROADWAY 02145

Phone Number of the Business: 617-628-8833

The Legal Name of the License Holder: DRAIN DOCTOR, INC. / DANIEL COYLE

Street Address of the License Holder: 612 BROADWAY

City, State and Zip Code of the License Holder: SOMERVILLE, MA. 02145

Phone Number of the License Holder: 617-628-8833

Email Address of the License Holder: DAN@DRAIN-DOCTOR.COM

Where We Should Send Mail: Name: DANIEL COYLE

Street Address: 3 FURBISH POND LANE

City, State and Zip Code: NORTH READING, MA. 01864

Email: DANCOYLE76@GMAIL.COM

Phone Number: 978-664-1163

Federal ID # (Do Not Give a Social Security #): 04-2868395

Emergency Contact and Phone (For Fire Dept. Use): JOE GALVIN 617-628-8222

Type of Business (Check Only One and Give the Names Indicated):

☐ Sole Proprietor: Name of Owner: _____

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

☒ Trust: Names of All Trustees Who Own More Than 10%: DANIEL J. COYLE

☐ Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners) _____

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

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

License Holder Signature: _____

Date 6-12-12

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.

Drain Doctor, Inc.

* Signature of Individual or Corporate Name (Mandatory)

OPH President

By: Corporate Officer (Mandatory, if a corporation)

04-2868395

** 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: Drain Doctor, Inc.

Address of taxpayer/applicant's business in Somerville: 612 Broadway

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

Taxpayer/applicant's phone: day: 617-628-8833 evening: 978-664-1163

I, (print name) Daniel J. Gyle, 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 12TH day of

June, 20 12. [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: _____

2184 # 302049011 # 242 # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED
A 6-25-10



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: DRAIN DOCTOR, Inc.
address: 612 BROADWAY
city: Somerville state: MA zip: 02145 phone # 617-628-8833

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 16 employees (full & part time). ☒ Other Plumbing Service
☒ I am an employer providing workers' compensation for my employees working on this job.

company name: SELECTIVE INSURANCE CO OF THE SOUTHEAST
address: _____
city: _____ phone #: _____
insurance co. WC 7756349 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 [Signature] Date 6-12-12
Print name Daniel J. Coyle Phone # 617-628-8833

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

city or town: _____ permit/license # _____
☐ check if immediate response is required
contact person: _____ phone #: _____
☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____
(revised Sept. 2003)