



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Flammables License

WILLIAM DOUCETTE AUTO SALES INC
325 ALEWIFE BROOK PKWY
SOMERVILLE MA 02144

License #: BL15-001066
File #: 15-22
Fee: 550

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: WILLIAM DOUCETTE AUTO SALES INC Business Location: 325 ALEWIFE BROOK PKWY Business Phone: 617-666-9800	
License Holder: WILLIAM DOUCETTE AUTO SALES INC 325 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Mailing Address: WILLIAM DOUCETTE AUTO SALES INC 325 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Business Type: Corporation WILLIAM DOUCETTE WILLIAM DOUCETTE WILLIAM DOUCETTE	
FID: 043398706	
Emergency Contact: NORMAN DOUCETTE Phone: 617-680-8423	
# of Gallons of Flammables to be Stored: 0 Describe Flammables to be Stored: Not yet provided. Proposed Hours of Operation: Not yet provided.	

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: _____

Date: _____

Printed Name: _____

Phone: _____

CITY CLERK'S OFFICE
SOMERVILLE, MA

2015 APR -6 AM 11:11



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: William Bennett

Address of taxpayer/applicant's business in Somerville: 325 ALEWITT Brook Ave

Address of taxpayer/applicant's home in Somerville: 493 MEDFORD

Taxpayer/applicant's phone: day: 617-797-0460 evening: _____

I, (print name) William Bennett, 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 4 day of April, 2015. [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: _____

822 # 345022011 # 11 # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED
URB
4-6-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: William Dwyette
Address: 325 Alameda Brock Park
City: Scituate State: MA Zip: 02544 Phone #: 617-666-9800

- ☐ I am an employer with _____ 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 _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: CITIC Mutual Insurance Co.
Address: 201 Edgewater Pl.
City: Wakefield State: MA Zip: 01880 Phone #: _____
Policy #: 426/309 Expiration Date: 11-4-15

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: [Signature] Date: 4-4-15
Print Name: William Dwyette

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 _____