

NOTE: COMPLETE FORM AND FORWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFETY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:
DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE Lic#: F-2012-152
2 HOLDEN STREET B.O.A.#:
CAMBRIDGE MA 02138 4444 Fee: \$550.00

Restricted to: 3,500 Gallons Total
Restricted as follows;
REINSTATED BY FIRE MARSHALL 11/06/45 - STORAGE ONLY
AMENDED 04/24/30 - STORAGE ONLY
3,500 GALS. GASOLINE

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR 26 10 49 AM

Is the holder of the license originally granted 05/14/1914 situated or
for the lawful use of the building (s) or other structure as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
to be situated at 00387 WASHINGTON ST EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE TEL: 617-354-4679
Company Address: 00387 WASHINGTON 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 M. DEWIRE, TRUSTEE TEL: 617-354-4679
Owner Address: 2 HOLDEN STREET

Owner City: CAMBRIDGE State: MA Zip: 02138
FID#: 046484860

This Application must be signed and filed with the required fee no later than
April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2012 please advise this office at once.

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

James M. Dewire Trustee
Signature of Applicant
2 Holden Street
Address
Cambridge Ma 02138
City State Zip

** Office Use Only **
Mailed _____
Taken ✓
Received: 4/26/12 - MS
\$550.00 ck # 5805
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: Dewire Family Trust, James M. Dewire Trustee
Somerville Address and Zip Code: 387 Washington Street, Somerville 02143
Phone Number of the Business: 617-354-4679

The Legal Name of the License Holder: _____
Street Address of the License Holder: _____
City, State and Zip Code of the License Holder: _____
Phone Number of the License Holder: 617-354-4679
Email Address of the License Holder: _____

Where We Should Send Mail: Name: Dewire Family Trust
Street Address: 2 Holden Street
City, State and Zip Code: Cambridge Ma. 02138
Email: None
Phone Number: 617-354-4679

Federal ID # (Do Not Give a Social Security #): 04648460

Emergency Contact and Phone (For Fire Dept. Use): James M. Dewire Trustee

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%: James M. Dewire, Trustee
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: James M. Dewire, Trustee Date April 26, 2012

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.

James M. Dewine Trust, Dewine Family Trust
* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

Tax ID # 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.



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: 387 Washington 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) Dewire Family Trust, James M. 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 _____ day of

_____, 20_____

(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: _____

04189050 # 247061001 # _____ # _____

NOTES: 15561 246021001

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED

4-26-12



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: 387 Washington Street
 city: Somerville state: Ma. zip: 02138 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 Motor Vehicle 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 M. Dewire Date April 23, 2012
 Print name Dewire Family Trust, James M. Dewire 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
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

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