



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

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

License #: 19
Fee: 550.00
Account ID: 22
Reference #: 19

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 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 617-666-9800	
Mailing Address: WILLIAM DOUCETTE AUTO SALES INC SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - WILLIAM DOUCETTE SECRETARY - WILLIAM DOUCETTE	
FID: 043398706	
Food Manager/Emergency Contact: EILEEN DOUCETTE 781-820-1097	

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-2PM**

32 VEHICLES
2 VEHICLES INSIDE
30 VEHICLES OUTSIDE


Description of Location and/or Other Conditions:

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: 11.13.12
Print Name: William Doucette Phone: 617.297.0460

IMPORTANT

It's time to renew your Used Car Dealer's license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee AND with evidence that your Used Car Dealer's Bond is up to date. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business: William Dockett Auto Sales Inc.
Somerville Address and Zip Code: 325 ALEWIFE BROOK PKWY SOMERVILLE MA. 02144
Phone Number of the Business: 617-666-9800

The Legal Name of the License Holder: William Dockett
Street Address of the License Holder: 493 MEDFORD ST.
City, State and Zip Code of the License Holder: SOMERVILLE MA. 02145
Phone Number of the License Holder: 617-797-0460


Where We Should Send Mail: Name: William Dockett
Street Address: 325 ALEWIFE BROOK PKWY SOMERVILLE MA. 02145
City, State and Zip Code: _____

Federal ID # (Do Not Give a Social Security #): 043398706

Emergency Contact and his/her Phone Number: Eileen Dockett 619-890-3325

Type of Business (Check Only One and Print the Names Indicated):
 Sole Proprietor: Name of Owner: _____
 Partnership (inc. LLP): Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
 Trust: Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
 Corporation: Name of Corporation: William Dockett Auto Sales Inc
Name of President: William Dockett
Name of Secretary: SAMY Name of Treasurer: SAMY
 LLC: Name of LLC: _____
Names of All Managers: _____
Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 11-13-12

ATTN - JO-ANN

Bill Doucette
617-797-0460

Massachusetts

COPY

Western Surety Company

SECOND HAND MOTOR VEHICLE DEALER BOND

(Mass. Gen. Laws Ann. 141, § 58(c))

Bond No. 69613185

KNOW ALL PERSONS BY THESE PRESENTS:

Effective Date: November 10, 2003

That we, William Doucette

as Principal, and WESTERN SURETY COMPANY, a corporation authorized to do surety business in the Commonwealth of Massachusetts, as Surety, are held and firmly bound unto persons who purchase a vehicle from the Principal and who suffer loss on account of a breach of the condition of this bond described below, in the sum of not to exceed TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000 00), for the payment of which well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

WHEREAS, the Principal is a second hand motor vehicle dealer and is required to furnish a bond or equivalent proof of financial responsibility pursuant to Mass. Gen. Laws Ann. 140, § 58(c)(1).

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall pay the amount of actual damages, not to exceed the amount of this bond, to any person who purchases a vehicle from the Principal and who suffers loss on account of: (a) the Principal's default or nonpayment of valid bank drafts, including checks drawn by the Principal for the purchase of motor vehicles; (b) the Principal's failure to deliver, in conjunction with the sale of a motor vehicle, a valid motor vehicle title certificate free and clear of any prior owner's interests and all liens, except a lien created by or expressly assumed in writing by the buyer of the vehicle; (c) the fact that the motor vehicle purchased from the Principal was a stolen vehicle; (d) the Principal's failure to disclose the vehicle's actual mileage at the time of sale; (e) the Principal's unfair and deceptive acts or practices, misrepresentations, failure to disclose material facts or failure to honor a warranty claim or arbitration order in a retail transaction; or (f) the Principal's failure to pay off a lien on a vehicle traded in as part of a transaction to purchase a vehicle when the Principal had assumed the obligation to pay off the lien, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, that recovery against this bond may be made only by a person who obtains a final judgment in a court of competent jurisdiction against the Principal for an act or omission on which this bond is conditioned, if the act or omission occurred during the term of this bond. No suit may be maintained to enforce any liability on this bond unless brought within one (1) year after the event giving rise to the cause of action. This bond shall cover only those acts and omissions described above. The Surety shall not be liable for total claims in excess of the bond amount, regardless of the number of claims made against this bond or the number of years this bond remains in force.

This bond shall be continuous and may be cancelled by the Surety by giving thirty (30) days' written notice of cancellation to the municipal licensing authority at _____
by First Class U.S. Mail. Address

Dated this 10th day of November, 2003.



William Doucette _____, Principal

By: _____

WESTERN SURETY COMPANY, Surety

By: Paul T. Brubaker _____
Paul T. Brubaker, Senior Vice President



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: William Doucette Auto Sales Inc.


Address of taxpayer/applicant's business in Somerville: 325 Alewife Brook Pkwy

Address of taxpayer/applicant's home in Somerville: 493 Medford St.

Taxpayer/applicant's phone: day: 617-666-9800 evening: 617-797-0460

I, (print name) William Doucette, 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 13 day of

Nov, 20 . 
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

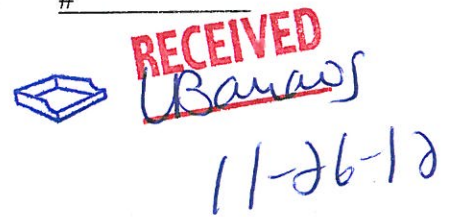
Real Estate Water/Sewer Personal Property Other: _____

323 # 345022011 # 11 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



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: William Doucette
Address: 325 Alewife Brook Pkwy
City: Somerville State: MA Zip: 02144 Phone #: 617-666-9500

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: UTICA NATIONAL INS. GROUP
Address: 180 Genesee St
City: New Hartford State: N.Y. Zip: 13413 Phone #: 8
Policy #: 4261309 Expiration Date: 11-4-2013

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: 11.13.12
Print Name: William Doucette

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 _____