

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE
2 HOLDEN STREET
CAMBRIDGE MA 02138

LIC #: 2012-108
B.O.A.#

\*\*\* 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: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE TEL: 617-354-4679
Company Address: 00381 -00383 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 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-03:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-108
FEE: \$550.00

This is to certify: DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 08/14/1924

Garage situated at: 00381 -00383 WASHINGTON ST

Doing business as : DEWIRE FAMILY TRUST/JAMES M. DEWIRE, TRUSTEE

Shall not exceed: 22 Vehicles Inside & 30 Vehicles Outside, not on public ways in addition the following restrictions apply:

AMENDED ON 9/25/1924. BOA #174203 05/08/2003 AMENDED ON 10/26/2007
AMENDED ON BOA #183222, 04/26/2007, NUMBER OF CARS INCREASED

2012 APR 26 10 31 47
CITY CLERK'S OFFICE
SOMERVILLE MA

This renewal certificate 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 [checked]

Received: 4/26/12 -MS

\$550.00 ck # 5807

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: <u>Dewire Family Trust</u>
Somerville Address and Zip Code: <u>381-383 Washington Street</u>
Phone Number of the Business: <u>617-354-4679</u>

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: <u>617-354-4679</u>
Email Address of the License Holder: <u>None</u>

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

Federal ID # (Do Not Give a Social Security #): <u>046484860</u>
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Emergency Contact and Phone (For Fire Dept. Use): <u>James M. Dewire 617354 4679</u>
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: <u>James M. Dewire</u>
<input type="checkbox"/> 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 \_\_\_\_\_

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. Devine, Devine 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 - 383 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 26 day of

April, 20 12. James M. Dewire Trustee  
(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: \_\_\_\_\_

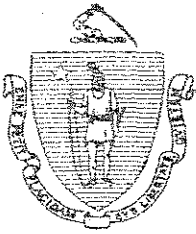
# 04189090      # 247060011      # \_\_\_\_\_      # \_\_\_\_\_

NOTES: 15550

CLERK'S INITIALS: A

ORIGINAL STAMP

**RECEIVED**  
4-26-12



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: Dewire Family Trust  
 address: 381-383 Washington Street  
 city: Somerville state: Ma zip: 02143 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 24, 2012  
 Print name Dewire Family Trust 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)