

CITY OF SOMERVILLE
MASSACHUSETTS
OFFICE OF THE CITY CLERK
RENEWAL APPLICATION FOR GARAGE LICENSE

WILLIAM DOUCETTE
2353 MASS AVE
CAMBRIDGE

MA 02140

LIC #: 2011-234
B.O.A.# 179927

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ☒ Auto Body Work: ☐ Parking or Storing Vehicles: ☐

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, 2010. 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: DOUCETTE AUTO SERVICE TEL: 617-797-0460
Company Address: 00325 ALEWIFE BROOK PKWY

City: SOMERVILLE State: MA Zip: 02144

Check One: ☐ Individual: ☐ Co: ☐ Corp: ☒ Trust: ☐ Agency ☐ Ship ☐ Gov't ☐ Partner ☐ Other ☐
Owner Name: WILLIAM DOUCETTE TEL: 617-797-0460
Owner Address: 2353 MASS AVE

Owner City: CAMBRIDGE State: MA Zip: 02140
FID#: 043398706

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 04/30/2011, 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 OPEN TO THE PUBLIC --

LICENSE # 2011-234
FEE \$550.00

This is to certify: WILLIAM DOUCETTE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/08/2005
Garage situated at: 00325 ALEWIFE BROOK PKWY
Doing business as : DOUCETTE AUTO SERVICE
Shall not exceed: 2 Vehicles Inside & 6 Vehicles Outside, not on public ways
in addition the following restrictions apply:
TANKS REMOVED MAY OF 2008. PER FIRE PREVENTION PAPERS ATTACHED.

This renewal certificate must be signed by the holder of the license.
Check One ☒ Owner ☐ Occupant ☐ Holder

Signature of Applicant

493 MEDFORD ST

Address

Somerville MA 02144
City State Zip

** Office Use Only **
Mailed ☐
Taken ☒

Received: JAN. 24, 2012


CK 1239 \$550-

City Clerk

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.



* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043398706

** 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

1. Exact name of taxpayer/applicant's business: William Doucette
2. Address of taxpayer/applicant's business in Somerville: 325 Alewife Brook Pkwy
3. Address of taxpayer/applicant's home in Somerville: 493 MEDFORD ST.
4. Taxpayer/applicant's phone: day: 617-797-0460 evening: _____

I, 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 _____ 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: _____

316 # 345022011 # _____ # _____

NOTES:

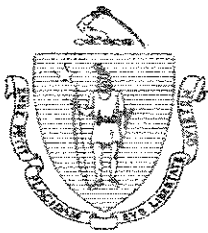
CLERK'S INITIALS: UR

ORIGINAL STAMP:



RECEIVED
BRANDS

1-20-12



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: William Dorette
address: 325 Alewife Brook Pkwy
city: Somerville state: MA zip: 02144 phone #: 617-666-9800

work site location (full address): SAME AS ABOVE

- ☒ 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 _____
☐ 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

Date

1-26-12

Print name

William Dorette

Phone #

617-666-9800

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)