

Renewal

~~TRANSFER OF~~ STORAGE OF FLAMMABLES LICENSE

Application Fee ~~\$150.00~~ \$550-

Date 1-10-13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 1-10-13

Amount Paid \$550- CK1702

- ☒ New Application with NO Additions or Changes For the storage of 16,000 Gallons  
☐ Renewing Application with Additions or Changes  
☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: William Duvette Phone: 617-797-0460

Applicant's Address (with Zip Code): 493 MEDFORD ST. Somerville MA 02145

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 043398706

Business DBA Name (if applicable): William Duvette

Business Location (with Zip Code): 325 ALWIFE BROOK PKWY Somerville MA 02144

Mailing Name (where we should send correspondence to): 493 MEDFORD ST. Somerville MA 02145

Mailing Address (with Zip Code): William Duvette

Emergency Contact: Norman Duvette Phone: 617-666-9800

Type of Business (Check one): ☒ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☐ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: William Duvette

Address with Zip Code: 493 MEDFORD ST. Somerville MA 02145

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

2013 JAN 10 A 11:16  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Have you ever obtained a storage of flammables license before?

Y ☒ N ☐

If yes, list year, city and state \_\_\_\_\_

Have you ever been denied a storage of flammables license?

Y ☐ N ☒

If yes, list year, city and state \_\_\_\_\_

Have you ever had a storage of flammables license revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state \_\_\_\_\_

Describe all of the premises to be used in the business: NO CHANGES

\_\_\_\_\_  
\_\_\_\_\_

Describe your hours of operation: NO CHANGES

\_\_\_\_\_  
\_\_\_\_\_

Describe what materials you will be storing, and for what purpose NO CHANGES

\_\_\_\_\_  
\_\_\_\_\_

#### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: [Signature] Date 1-10-13

Print Name: William Bourrette

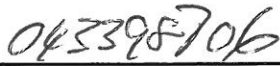
**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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)



\_\_\_\_\_  
\*\*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: Doucette Auto Service  
Address of taxpayer/applicant's business in Somerville: 325 ALEWISSE BRIDGE PKWY  
Address of taxpayer/applicant's home in Somerville: 693 MEDFORD ST. Somerville  
Taxpayer/applicant's phone: day: 617-666-7500 evening: 617-797-0460

I, (print name) \_\_\_\_\_, 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 10 day of JAN, 2013. [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: \_\_\_\_\_  
# 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 Businesses**

**Applicant information:**

Name: William Dwyer  
Address: 493 Medford St.  
City: Somerville State: MA Zip: 02145 Phone #: 617-666-9800

- ☒ I am an employer with 0 employees (full and/or part time). **Business Type:** ☐ Retail  
☐ Restaurant/Bar/Eating Establishment  
☒ Office and/or Sales (real estate, auto, etc.)  
☐ Nonprofit  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_
- ☐ 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.

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 1-10-13  
Print Name: William Dwyer

*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 \_\_\_\_\_