



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

APPLICATION TO RENEW USED CAR DEALER CLASS 2 LICENSE

**CLAYTON PEABODY JR.
DODAKIN'S AUTO SALES
11 GLEASON ST
WATERTOWN, MA 02472**

License #: **998**

Fee: **550.00**

Account ID: **788**

Reference #: **998**

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 DODAKIN'S AUTO SALES Business Location: 191 BEACON ST Business Phone: 617-354-8594	
License Holder: CLAYTON PEABODY JR. DODAKIN'S AUTO SALES 11 GLEASON ST WATERTOWN, MA 02472 617-354-8594	
Mailing Address: CLAYTON PEABODY JR. 11 GLEASON ST WATERTOWN, MA 02472	
Business Type: SOLE PROPRIETORSHIP OWNER - CLAYTON PEABODY JR.	
FID: 300576525	
Food Manager/Emergency Contact: CLAYTON PEABODY JR. 617-924-9209	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SA 8AM-6PM**

**22 VEHICLES
4 VEHICLES INSIDE
18 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: Clayton Peabody Jr. Date: 12-12-12
Print Name: CLAYTON PEABODY JR. Phone: (617)-354-8594

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: DODAKIN'S AUTO SALES
Somerville Address and Zip Code: 191 BEACON ST. SOMERVILLE, MA. 02143
Phone Number of the Business: (617)-354-8594

The Legal Name of the License Holder: CLAYTON PEARBODY, JR.
Street Address of the License Holder: 11 GLEASON ST.
City, State and Zip Code of the License Holder: WATERTOWN, MA. 02472
Phone Number of the License Holder: (617)-924-9209

Where We Should Send Mail: Name: CLAYTON PEARBODY, JR.
Street Address: 11 GLEASON ST.
City, State and Zip Code: WATERTOWN, MA. 02472

Federal ID # (Do Not Give a Social Security #): 30-05765-25

Emergency Contact and his/her Phone Number: CLAYTON PEARBODY, JR. (617) 924-9209

Type of Business (Check Only One and Print the Names Indicated):

☒ Sole Proprietor: Name of Owner: CLAYTON PEARBODY, JR.

☐ 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: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ 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: Clayton Pearbody Jr.

Date 12-12-12

NOTICE OF PREMIUM DUE



Phone: 1-888-866-2666

Fax: 1-605-335-0357

Email: uwservices@cnaSurety.com

CLAYTON S. PEABODY
191 BEACON ST.
SOMERVILLE, MA 02143

Bond/Policy#: 0601 69616165

Billing Date: 10/26/2012

Due Date: 01/01/2013

Premium: \$250.00

Amount Due: \$250.00

Bond/Policy#: 0601 69616165
Effective Date: 01/01/2013 Anniversary Date: 01/01/2014
Bond amount: \$25,000.00
Name: CLAYTON PEABODY DBA DODAKINS AUTO SALES
Description: MA SECOND HAND MOTOR VEHICLE DEALER

Written By: WESTERN SURETY COMPANY

Your agent has requested that we bill your bond/policy directly from our office. PLEASE PAY THE AMOUNT INDICATED to CNA Surety. If this is a renewal, please submit payment at least two weeks prior to the due date to ensure proper and timely renewal of your bond/policy coverage.

If you have any questions, please contact your agent with whom the bond/policy was written.

Phone: (508)378-1166
Agency: 20-18386

Colburn Group, L L C
P.O. Box 10
Marion, MA 02738

Please detach and return the coupon below with your payment. Please send payment to the address below.
For overnight payments please call 1-888-866-2666.

Amount Due: \$250.00

Bond/Policy#: 0601 69616165 Effective Date: 01/01/2013
Name: CLAYTON PEABODY DBA DODAKINS AUTO SALES
Description: MA SECOND HAND MOTOR VEHICLE DEALER
Written By: WESTERN SURETY COMPANY
Agency Code: 20-18386 Colburn Group, L L C

Make Check Payable To CNA Surety

CNA Surety
P.O. Box 802876
Chicago, IL 60680-2876



Check here if changes needed
and explain below.

0003001 02018386000001012013 00601006961616500 00000002500003



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: CLAYTON PEARBODY, JR.

Address of taxpayer/applicant's business in Somerville: 191 BEACON ST. SOMERVILLE, MA.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: (617) 354-8594 evening: (617) 924-9209

I, (print name) CLAYTON PEARBODY, JR., 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 12 day of

DEC, 20 12. Clayton Pearbody, Jr.
(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: _____

11465 # 245027001 # 39 # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
Urban
12-20-12

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: DEDAKINS AUTO SALES

Address: 191 BEACON ST.

City: SOMERVILLE State: MA. Zip: 02143 Phone #: 617-354-8594

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

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: Clayton Peabody Jr. Date: 12-12-12

Print Name: CLAYTON PEABODY, JR.

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____