

GARAGE LICENSE APPLICATION

Application Fee \$550.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 1-18-13
Amount Paid 550 - CK 1703

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

For the storage of 2 vehicles inside

6 vehicles outside

Business (DBA) Name: Doulette Auto Service Phone: 617-666-9800

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

Applicant's Legal Name: William Doulette

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

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 043398706

Mailing Name (where we should send correspondence to): William Doulette

Mailing Address (with Zip Code): 325 ALWIFE BRACK PKWY Somerville MA. 02144

Emergency Contact: William Doulette Phone: 617-680-8423

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

☐ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: William Doulette

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

1. Will you be open to the public at this location? Y ☒ N ☐
2. Will you be doing mechanical repairs of vehicles at this location? Y ☒ N ☐
3. Will you be doing autobody work on vehicles at this location? Y ☒ N ☐
4. Will you be spray painting vehicles or parts at this location? Y ☐ N ☒
5. Will you be washing vehicle at this location? Y ☒ N ☐
6. Will you be charging money to park vehicles at this location? Y ☐ N ☒
7. Will you be storing registered vehicles at this location? Y ☒ N ☐
8. Will you be storing unregistered vehicles at this location? Y ☒ N ☐
9. Will you be operating a tow vehicle at this location? Y ☒ N ☐

Have you ever obtained a garage license before?

Y ☒ N ☐

If yes, list year, city and state 2001 to 2012 Somerville MA

Have you ever been denied a garage license?

Y ☐ N ☒

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended?

Y ☐ N ☒

If yes, list year, city and state _____

Describe all of the premises to be used in the business: Front + Back of
325 ALDWICH Brook Pkwy Somerville MA. 02144

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

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

Business Name: Dee's Auto Service

Business Address: 325 Alewife Brook Pkwy Somerville MA 02144

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

_____ The use is permitted as of right

_____ The use requires a special permit

_____ The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: _____ inside
_____ outside

Signature: _____ Date: _____

Print Name: _____ Title: _____

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)

_____ A 148 sec. 13 License is required

_____ A 148 sec. 13 License is NOT required

Signature: _____ Date: _____

Print Name: _____ Title: _____

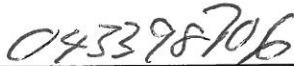
**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

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: William Duket

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

Address of taxpayer/applicant's home in Somerville: 493 MEDFORD ST. Somerville

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

I, (print name) William Duket, 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: 

RECEIVED
UBaucy
1-10-13

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 Dugetto
Address: 493 MEDFORD ST.
City: Medford State: MA Zip: 02144 Phone #: 617-666-9800

- ☒ I am an employer with 0 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☒ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ 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: _____ Date: _____

Print Name: _____

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 _____

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: _____

Address: _____

Date: _____

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the __ Aldermanic Chambers or __ Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: _____, at _____ PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: _____

Sincerely,

Petitioner's Signature