

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

DONALD W. BONNER
20 HASTINGS LANE
MEDFORD MA 02155

LIC #: 2012-028
B.O.A.#

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

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: X Parking or Storing Vehicles: ___
Washing Vehicles: ___ Spray Painting: X 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: DON'S AUTOMOTIVE TEL: 617-776-6309
Company Address: 00013 -00027 CUTTER ST

City: SOMERVILLE State: MA Zip: 02145

Check One: Individual: X Co: ___ Corp: ___ Trust: ___ Agency ___ Gov't Partner
Ship Other ___
Owner Name: DONALD W. BONNER TEL: 617-620-5055
Owner Address: 20 HASTINGS LANE

Owner City: MEDFORD State: MA Zip: 02155
FID#: 013388272

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-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

LICENSE #: 2012-028
FEE: \$550.00

This is to certify: DONALD W. BONNER
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 07/20/1954

Garage situated at: 00013 -00027 CUTTER ST
Doing business as : DON'S AUTOMOTIVE

Shall not exceed: 3 Vehicles Inside & 2 Vehicles Outside, not on public ways
in addition the following restrictions apply:

SHALL NOT EXCEED 5 AUTOS

Approved by BOA with restrictions on 4-24-08. The restrictions are - wit
h ISD approval.

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

Donald W. Bonner
Signature of Applicant

20 Hastings LANE
Address

MEDFORD MASS. 02155
City State Zip

** Office Use Only **

Mailed _____
Taken _____

Received: _____

City Clerk

2012 APR -3 A 10:17
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Don's Automotive
Somerville Address and Zip Code: 25-27 Cutter St.
Phone Number of the Business: 617-776-6309

The Legal Name of the License Holder: Donald W. Bonner
Street Address of the License Holder: 20 Hastings Lane
City, State and Zip Code of the License Holder: Medford MA 02155
Phone Number of the License Holder: 617-620-5055, 781-396-4842
Email Address of the License Holder: mom516@yahoo.com

Where We Should Send Mail: Name: Donald Bonner
Street Address: 27 Cutter St.
City, State and Zip Code: Somerville, Ma 02145
Email: mom516@yahoo.com
Phone Number: 617-620-5055

Federal ID # (Do Not Give a Social Security #): 613388272

Emergency Contact and Phone (For Fire Dept. Use): Donald Bonner
617-620-5055, 781-396-4842

Type of Business (Check Only One and Give the Names Indicated):
 Sole Proprietor: Name of Owner: Donald W. Bonner
 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

 Trust: Names of All Trustees Who Own More Than 10%:

 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: Donald W Bonner Date 4-3-12

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.

Donald W. Bonner

* 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: Donald W. Bonner/Dons Automotive

Address of taxpayer/applicant's business in Somerville: 2527 Cutter St.

Address of taxpayer/applicant's home in Somerville: 32 Glen St.

Taxpayer/applicant's phone: day: 617-776-6309 evening: _____

I, (print name) Donald W. Bonner, 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 3 day of

April, 20 12. Donald W. Bonner
(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: _____

13473170
0491150

02059188 # 114093011 # 30050367 # _____

NOTES:

32004600
32004700

6049

CLERK'S INITIALS: g

ORIGINAL STAMP:

RECEIVED
4-3-12



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: Donald W. Bonner
 address: 20 Hastings Lane
 city: Medford state: MA zip: 02155 phone # _____

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 Automotive
 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 Donald W Bonner Date 4-3-12
 Print name Donald W Bonner Phone # _____

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)