CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

DONALD W. BONNER		LIC #: 2012-028
20 HASTINGS LANE		B.O.A.#
MEDFORD MA 02155  *** ENCLOSED IS THE REN	EWAT, CERTIFICATE	FOR VOUR ***
ALLOWED USES - (CHOOSE ALL THAT		1010 10010
Mechanical Repair: Auto Body	Work: X Parking	or Storing Vehicles:
Washing Vehicles: Spray Pain	ting: X Operation	ng a Tow Vehicle:
SSUED IN ACCORDANCE WITH THE APPLICA	BLE PROVISIONS O	FM.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and f	iled with the re-	quired fee of \$550.00 not
ater than April 30, 2012. Use the e	nclosed envelope	•
Kindly fill in the information correc	ting any errors	listed on our current
records below. Please print or type y	our information,	except for signature.
Company Name: <u>DON'S AUTOMOTIVE</u> Company Address: <u>00013 -00027 CUTTER</u>		TEL: <u>617-776-6309</u>
Company Address: 00013 -00027 CUTTER	ST	· · · · · · · · · · · · · · · · · · ·
City: SOMERVILLE Stat	e. MA Zin. 02	145
Check One:	c. <u>rm</u> 21p. <u>02</u>	Gov't Partner
Individual: X Co: Corp: Tru	st: Agency	Ship Other
Owner Name: DONALD W. BONNER		TEL: 617-620-5055
Owner Address: 20 HASTINGS LANE		
Owner City: MEDFORD	State: <u>MA</u>	Zip: <u>02155</u>
FID#: 013388272		so file on time If this
This renewal is being sent to you as renewal is not returned to City Clerk	a courtesy, prea	30/2012 please advise
enewal is not recurred to city citin	S Office by 017	50/2012/ produce davaso.
**** HOURS OF OPERSTIONS *****		Very truly yours,
MONDAY-FRIDAY: 08:00 AM-06:00 PM		
SATURDAY: 08:00 AM-02:00 PM		·
SUNDAY: CLOSED		_ ,
		John J. Long
OUR CURRENT INF	ODMATTON CHOMC	City Clerk
GARAGE OPEN TO TH		LICENSE #: 2012-028
ONGOL OTHE TO TH	T 105110	FEE: \$550.00
This is to certify: DONALD W. BONNER		
has been licensed by the Mayor and th	e Aldermen of th	e City of Somerville.
Since 07/20/1954		
Sarage situated at: 00013 -00027 CUT	TER ST	
Doing business as : DON'S AUTOMOTIVE	0.77.1.1.10.1	* 3 1- 1
Shall not exceed: 3 Vehicles Inside &		<del></del>
n addition the following restriction	ıs apply:	
SHALL NOT EXCEED 5 AUTOS Approved by BOA with restrictions	on 4-24-08 The	restractions are - wit
h ISD approval.	011 4 21 00. 1110	
ii ibb appiovai.		· · · · · · · · · · · · · · · · · · ·
	7 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
This renewal certificate must be sign	ied by the holder Holder	
Check One: Owner / Occupant _	Horder	9994700-
Donald W Bonner	** Off	ice Use Only **
Signature of Applicant	011	Mailed
no llosterno I note		Taken
AU HASTINGS LAND		
Addyess	Received:	
MEURARD MASS. MOITES		
City State Zip		City Clerk
crcy neare ark		<u>1</u>

#### **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 Cotter 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 Hasting Lang
City, State and Zip Code of the License Holder: Medford MA. 02155
Phone Number of the License Holder: 620-5055, 781-396-4842
Email Address of the License Holder: mom 516 @ yahoo.com
Where We Should Send Mail: Name: Donald Bonner
Street Address: 27 Cotter St
City, State and Zip Code: Somerville, Ma Od NT
Email: mom 5100 @ yahoo, com
Phone Number: 6 17 - 620 - 50 5 5
Federal ID # (Do Not Give a Social Security #): 613388272
Donald Banna
Emergency Contact and Phone (For Fire Dept. Use): 617-626-5055, 781-396-48
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%:
Partnership (life. EEF): Names of An Farmers who own More Than 1979.
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)
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:\_

## MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowled	lge and belief, have filed all
State tax returns and paid all State taxes required under law.	· · · · · · · · · · · · · · · · · · ·
Donald W Bonnes	
* Signature of Individual or Corporate Name (Mandatory)	
By: Corporate Officer (Mandatory, if a corporation)	***
By: Corporate Officer (Mandatory, if a corporation)  ** Social Security Number (Voluntary) or Federal Identification	

- \* 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/app	olicant's business: \( \sum_{\text{\forall}}	onald W. Bonner	Dons Automotive			
	Address of taxpayer/application						
	Address of taxpayer/application			,			
			- 30 9 evening:				
	I, (print name) Denald 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 P	AINS AND PENALTI , 20 12	ES OF PERJURY, this	nnen			
	CITY'S ACKNOWLEDGEMENT						
	DATE OF ISSUANCE:	* INCLUDI	ES RELEVANT POSTINGS THROUG	H:			
	TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:						
1	Real Estate	□Water/Sewer	☐ Personal Property	☐ Other:			
14112	© 01020188 NOTES:	# 114093011 3200Y2001	# 30050367	#			
	CLERK'S INITIALS: _		ORIGINAL STAMP:	47.5			



# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7<sup>th</sup> Floor Boston, Mass. 02111 Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:	Please PRINT legibly	
name: Donaldw. Bonn	PV	
address: 20 Hastings	Lane	
	te: MA zip: 02155 phone #	
Lung A ware as a second pro-pro-	usiness Type: Retail Restaurant/Bar/Eating Office Sales (including Real Estate, A	g Establishment
working in any capacity.  I am an employer with employees (full	& part time)	Autos cic.)
	nsation for my employees working on this job.	
company name:		
address:	phone#:	
city:		
insurance co.	policy#	owing workers'
I am a sole proprietor and have hired the indecompensation polices:	ependent contractors listed below who have the foll	
company name:		n en de la companya de la companya Ny INSEE dia mandra di
address:	phone#:	
city:	policy#	
insurance co.		
Company name:		
address:		
city:	phone #:	
insurance co.	policy#	
Attach additional sheet if necessary	A of MGL 152 can lead to the imposition of criminal penals	ties of a fine up to \$1,500.00 and/or
one years' imprisonment as well as civil penalties in the copy of this statement may be forwarded to the Office of		ay against me. I understand that a
T 1 1 1 mail and an the pains and nonaltist of	perjury that the information provided above is true and	d correct.
Signature_ Donald W Oo	Date 4-	3-12
Print name Donald W. Borne	Date 4-3	
	ompleted by city or town official	
50-364 17-466	permit/license #	Building Department
check if immediate response is required		Selectmen's Office
contact person:	phone#;	Health Department Other
(revised Sept. 2003)		