CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Garage License

WILLIAM DOUCETTE AUTO SALES INC
325 ALEWIFE BROOK PKWY
SOMERVILLE MA 02144

License #: BL15-001065
File #: 15-22
Fee: 550

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: WILLIAM DOUCETTE AUTO SALES INC **Business Location:** 325 ALEWIFE BROOK PKWY **Business Phone:** 617-666-9800	
License Holder: WILLIAM DOUCETTE AUTO SALES INC 325 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Mailing Address: WILLIAM DOUCETTE AUTO SALES INC 325 ALEWIFE BROOK PKWY SOMERVILLE MA 02144	
Business Type: Corporation WILLIAM DOUCETTE WILLIAM DOUCETTE WILLIAM DOUCETTE	
FID: 043398706	
Emergency Contact: NORMAN DOUCETTE **Phone:** 617-680-8423	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM **# of Vehicles Kept Inside:** 2 **# of Vehicles Kept Outside:** ~~0~~ **Open to the public?** Yes **Mechanical repairs?** Yes **Autobody work?** Yes **Spray Painting?** No **Washing vehicles?** ~~No~~ **Charging money to store vehicles?** Yes **Storing unregistered vehicles?** No **Maintaining or operating a tow vehicle at this location?** Yes	6 Yes

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CITY CLERK'S OFFICE
SOMERVILLE, MA

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: _____ Date: 4-4-15

Printed Name: William DeVecchio Phone: 617-792-0460

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: William Durrett P

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

Address of taxpayer/applicant's home in Somerville: 493 Medford

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

I, (print name) William Durrett P, 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 4 day of April, 2015. _____
(Taxpayer's signature)

CITY CLERK'S OFFICE SOMERVILLE, MA 2015 APR -6 A 11:12

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: ___
# 322	# 34502011	# 11	#

NOTES:

CLERK'S INITIALS: UB **ORIGINAL STAMP:**

RECEIVED Usmas 4-6-15

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 Barrett

Address: 325 Alewife Brook Pkwy

City: Somerville State: MA Zip: 02144 Phone #: 617-666-9800

☐ I am an employer with _____ employees (full and/or part time).
☐ 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.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica Mutual Insurance Co.

Address: 201 Corporation Pl.

City: Wakefield State: MA. Zip: 01880 Phone #:

Policy #: 4261309 Expiration Date: 11-4-15

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: 4.4.15

Print Name: _____

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

City or Town: _____ *Permit/License #:* _____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)