



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

**Application to Renew Flammables License**

**DEWIRE FAMILY TRUST**  
**2 HOLDEN STREET**  
**CAMBRIDGE MA 02138**

**License #:** BL15-000924  
**File #:** 15-658  
**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)
<b>Business/DBA Name:</b> DEWIRE FAMILY TRUST <b>Business Location:</b> 387 WASHINGTON ST <b>Business Phone:</b> 617-354-4679	
<b>License Holder:</b> DEWIRE FAMILY TRUST 2 HOLDEN STREET CAMBRIDGE MA 02138	
<b>Mailing Address:</b> DEWIRE FAMILY TRUST 2 HOLDEN STREET CAMBRIDGE MA 02138	
<b>Business Type:</b> Trust JAMES DEWIRE	
<b>FID:</b> 046484860	
<b>Emergency Contact:</b> JAMES DEWIRE <b>Phone:</b> 617-354-4679	
<b># of Gallons of Flammables to be Stored:</b> 3500 <b>Describe Flammables to be Stored:</b> Not yet provided. <b>Proposed Hours of Operation:</b> Not yet provided.	

2015 APR 30 PM 6:49  
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: James Dewire Date: April 29, 2015

Printed Name: James Dewire Phone: 617-354-4679



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Dewire Family Trust

Address of taxpayer/applicant's business in Somerville: 387 Washington Street

Address of taxpayer/applicant's home in Somerville: 2 Holden Street Cambridge, MA 02138

Taxpayer/applicant's phone: day: 617-354-4679 evening: 617-354-4679

I, (print name) \_\_\_\_\_, 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 29 day of April, 2015. James Dewire  
(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: \_\_\_\_\_

# 15918 # 247061001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: 

ORIGINAL STAMP:

**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: Dewire Family Trust

Address: 387 Washington Street

City: Somerville

State: Ma

Zip: 02143

Phone #: 617-354-4679

- |  |  |
|--|--|
| <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 checked="" type="checkbox"/> Other <u>Motor Vehicle Storage</u> |

**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: James DeWire

Date: April 27, 2015

Print Name: James DeWire

*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  |
| <input type="checkbox"/> | Other _____         |

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_