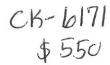


DEWIRE FAMILY TRUST 2 HOLDEN STREET

CAMBRIDGE, MA 02138

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600



APPLICATION TO RENEW GARAGE LICENSE

License #:

775

City #G109 550.00

Fee:

658

Account ID: Reference #:

775

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: For DEWIRE FAMILY TRUST Business Location: 387 WASHINGTON ST Business Phone: 617-354-4679 | 2013 / A.I.13 | |
| License Holder: DEWIRE FAMILY TRUST 387 WASHINGTON ST SOMERVILLE, MA 02143 617-354-4679 | CLERK'S OFF | |
| Mailing Address: DEWIRE FAMILY TRUST CAMBRIDGE, MA 02138 | 28 10E | |
| Business Type: TRUST TRUSTEE - JAMES DEWIRE | | |
| FID: 046484860 | | |
| Food Manager/Emergency Contact: JAMES DEWIRE | | |
| | | |

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: MO-SA 6:30AM-6PM **OPEN TO THE PUBLIC**

- **MECHANICAL REPAIRS**
- VEHICLES VEHICLES INSIDE

Description of Location and/or Other Conditions:

Originally Issued 5/14/1914. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

| I hereby certify under the penalties of perjury that the following is true | e: |
|--|---|
| -All information shown above is true and accurate. | |
| -Any changes above are subject to the approval of the BOARD OF A | ALDERMEN. |
| -I have filed all State tax returns and paid all State taxes required by | law for this business. |
| 0: | 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Signature: Somo Deline | Date <u>APE 22, 2013</u> |
| Print Name: James Dewire | Phone 6/7-354-4679 |
| Fill Name. Vances Dewne | Phone 6// |

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

| Applicant information: | | | | | | |
|---|---------------------------|---|--|--|--|--|
| Name: Dewire Family Trust | | | 6 | | | |
| Address: 387 Washington Stre | e+ | | | | | |
| City: Somerville State | : Ma | Zip: 02143 | Phone #: 6/9-354-4679 | | | |
| ☐ I am an employer with employees (full and/or part time). ☐ I am a sole proprietor or partnership and have employees. ☐ We are a corporation that has exercised our rige exemption per c152 s1(4), and have no employ We are a nonprofit organization staffed by volunteers and have no employees. Workers' compensation insurance information | no ht of vees. | Office and Nonprofit Entertainm Manufactu | ring | | | |
|)———— | (п аррпсавіс). | | | | | |
| Insurance Company Name: | | | | | | |
| Address: | | | DI # | | | |
| 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 Delivere | | | Date: April 22, 2013 | | | |
| Print Name: James Dewice | | | | | | |
| Official use only. Do not wr | ite in this area. To be c | ompleted by city o | or town official. | | | |
| City or Town: Permit/Licens Contact Person: Pho | e #: | - | Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office | | | |
| Comact I cisom Inc | | | | | | |

(revised Jan. 2008)



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

| Exact name of taxpayer/ap | oplicant's business: | lewire Family Trust | | | | |
|---|----------------------|----------------------------------|---------|--|--|--|
| Address of taxpayer/applicant's business in Somerville: 387 Washington Street | | | | | | |
| Address of taxpayer/applicant's home in Somerville: | | | | | | |
| Taxpayer/applicant's phor | ne: day: 617-354 - 4 | 679 evening: 617-354 | -4679 | | | |
| I, (print name) James Dewice, 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 day of | | | | | | |
| April | , 20 <u>/</u> 3 | James Dewise (Taxpayer's signatu | re) | | | |
| 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: | | | |
| #1560 | # 247061001 | # | # | | | |
| NOTES: CLERK'S INITIALS: _ | Ub | ORIGINAL STAMP: | RECEIVI | | | |