



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

C.M. CONWAY CONSTRUCTION INC
PO BOX 14
LYNNFIELD, MA 01940

License #: 672

Fee: 250.00

Account ID: 555

Reference #: 672

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: C.M. CONWAY CONSTRUCTION INC Business Location: OUT OF AREA Business Phone: 781-334-2368 | |
| License Holder: C.M. CONWAY CONSTRUCTION INC PO BOX 14 LYNNFIELD, MA 01940 781-334-2368 | |
| Mailing Address: C.M. CONWAY CONSTRUCTION INC PO BOX 14 LYNNFIELD, MA 01940 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - CHRISTINE CONWAY SECRETARY - KATHLEEN CONWAY TREASURER - ROBERT CONWAY III | |
| FID: 272666235 | |
| Food Manager/Emergency Contact: CHRISTINE CONWAY 781-974-5037 | |

2014 APR 29 P 3:26
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

Hours: **NOT APPLICABLE**

Description of Location and/or Other Conditions:

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: Christine M. Conway Date April 10, 2014

Print Name: Christine M. Conway Phone 781 334 2368



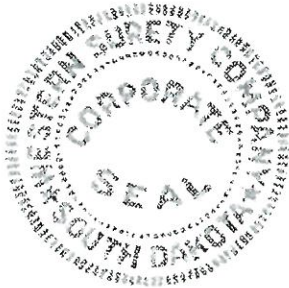
Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61325317 briefly described as DRAINLAYER CITY OF SOMERVILLE,
 _____,
 for C. M. CONWAY CONSTRUCTION, INC.,
 _____, as Principal,
 in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 11, 2014, and ending April 11, 2015, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 18 day of April, 2014.



WESTERN SURETY COMPANY

By Paul T. Bruhat
 Paul T. Bruhat, Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

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: C.M. Conway Construction Inc.
Address: P.O. Box 14
City: Lynnfield State: MA Zip: 01940 Phone #: 781 334 2368

- I am an employer with 4 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: Associated Employers Ins. Co.
Address: 401 Edgewater Place Suite 220
City: Wakefield State: MA Zip: 01880 Phone #: 781-914-1020
Policy #: WCC5007821012013 Expiration Date: 12/5/14

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: Christine M. Conway Date: April 10, 2014
Print Name: Christine M Conway

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

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