

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer

License Number: #191104

Business Name: Tufts Inc

Location: N/A

Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR 23 P 2:54
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business:

Somerville Address and Zip Code:

Phone Number of the Business:

The Legal Name of the License Holder: Tufts, Incorporated

Street Address of the License Holder: 142 R Mystic Ave

City, State and Zip Code of the License Holder: Medford, MA 02155

Phone Number of the License Holder: 781-393-8664

Email Address of the License Holder: billing@tuftsinc.com

Where We Should Send Mail: Name: Tufts, Inc

Street Address: 142 R Mystic Ave

City, State and Zip Code: Medford, MA 02155

Email: billing@tuftsinc.com

Phone Number: 781-393-8664

Federal ID # (Do Not Give a Social Security #): 26-1757786

Emergency Contact and Phone (For Fire Dept. Use): Frank Spinosa 617-212-9413

-OVER-

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: Tufts, Incorporated

Address: 1422 Mystic Ave

City: Medford

State: MA

Zip: 02155 Phone #: 781-393-8664

- ☒ I am an employer with 10 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 Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Insurance Companies

Address: PO Box 1450

City: Middleboro

State: MA

Zip: 02344 Phone #: 781-229-1555 ^{agent}

Policy #: UB-98674903-11

Expiration Date: 07/28/12

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: [Signature]

Date: 4/7/12

Print Name: Frank Spinosa

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 _____