

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: #192024

Business Name: Marchi Paving Inc

Location: N/A

Special Conditions (if any):

Renewal Fee (Return with this application): \$250 *CHK #5015*

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<i>Marchi Paving, Inc.</i>
Somerville Address and Zip Code:	<i>N/A</i>
Phone Number of the Business:	<i>781-621-8755</i>

The Legal Name of the License Holder:	<i>David March</i>
Street Address of the License Holder:	<i>9 Mansfield Dr.</i>
City, State and Zip Code of the License Holder:	<i>Woburn, MA 01880</i>
Phone Number of the License Holder:	<i>781-621-8733</i>
Email Address of the License Holder:	<i>marchi dren.com</i>

Where We Should Send Mail: Name:	<i>David March</i>
Street Address:	<i>9 Mansfield Dr</i>
City, State and Zip Code:	<i>Woburn, MA 01880</i>
Email:	<i>marchi dren.com</i>
Phone Number:	<i>781-621-8733</i>

Federal ID # (Do Not Give a Social Security #):	<i>41-2125980</i>
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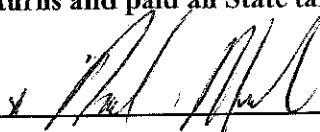
Emergency Contact and Phone (For Fire Dept. Use):	<i>David March 781-621-8755</i>
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):	
<input type="checkbox"/> Sole Proprietor: Name of Owner:	_____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:	_____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%:	_____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President:	<u>David J. March</u>
Name of Secretary:	<u>N/A</u>
Name of Treasurer:	<u>N/A</u>
Other (Attach a Description of the Form of Ownership and the Names of Owners)	

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 8/6/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Marchi Paving, Inc.

Address of taxpayer/applicant's business in Somerville: N/A

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 781-621-8755 evening: 781-621-8733

I, (print name) David March, 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 6th day of August, 2012. [Signature]
(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: _____

_____ # _____ # _____ # _____

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 Business

Applicant information:

Name: David March
Address: 9 Mansfield Dr.
City: Worcester State: MA Zip: 01880 Phone #: 781-621-8755

- ☒ I am an employer with 5 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: Arbella Insurance Group
Address: 1100 Crown Colony Dr.
City: Quincy State: MA Zip: 02269 Phone #: _____
Policy #: 9113130613 Expiration Date: 7/13/2013

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: X [Signature] Date: 8/6/12
Print Name: David March

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 _____