

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4-8-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid 250

CITY CLERK'S OFFICE
2010 APR 12 A 11:11

- New Application
Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Business Name: C & H TRUCKING & EXCAVATING Phone: 978-265-7070

Business DBA Name (if applicable):

Address with Zip Code: P.O. Box 341 ANDOVER, MA, 01810

Tax Identification Number: 90-0147508 Check one: SSN [X] FEIN

Mailing Name (where we should send correspondence to): JAMES CHENEY

Address with Zip Code: P.O. Box 341 ANDOVER, MA, 01810

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: USA FERRELLI Phone: 978-207-1650

Emergency Contact 2: FRANK CHENEY Phone: 978-694-1494

Type of Business (Check one): [X] Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: JAMES CHENEY

Address with Zip Code: P.O. Box 341 ANDOVER, MA, 01810

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

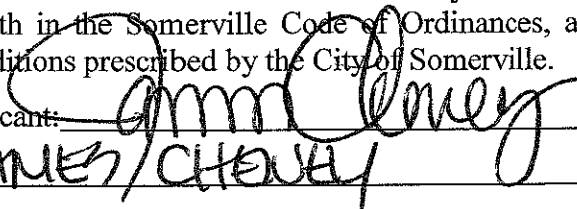
Partner's/Member's/Treasurer's Name:

Address with Zip Code:

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 3-21-10
Print Name: JAMES/CHEVALY Phone: 978-265-7030

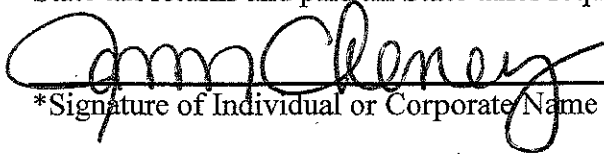
FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature _____ Date _____

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

026-60-7660

90-0147508

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

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: JAMES C CHEWY SR.
 Address: P.O. BOX 341
 City: ANDOVER State: MA Zip: 01810 Phone #: 978-265-9030

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). <input checked="" type="checkbox"/> I am a sole proprietor or partnership and have no employees. <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"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Bar/Eating Establishment <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) <input type="checkbox"/> Nonprofit <input type="checkbox"/> Entertainment <input type="checkbox"/> Manufacturing <input type="checkbox"/> Health Care <input type="checkbox"/> Other _____ |
|--|--|

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 C Chewy SR. Date: 3-21-10
 Print Name: JAMES C CHEWY SR.

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 #: _____ | |