

IMPORTANT

#298
REF 347

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: #191118
Business Name: Rap General Contracting Corp
Location: N/A
Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: _____

Somerville Address and Zip Code: _____

Phone Number of the Business: _____

The Legal Name of the License Holder: Rap General Contracting Corp.

Street Address of the License Holder: 850 Pleasant St.

City, State and Zip Code of the License Holder: Norwood Ma. 02062

Phone Number of the License Holder: 781-762-0065

Email Address of the License Holder: lana@landscap@norwoodlight.com

Where We Should Send Mail: Name: Same as above

Street Address: _____

City, State and Zip Code: _____

Email: _____

Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 042829278

Emergency Contact and Phone (For Fire Dept. Use): 7817620065

-OVER-

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 APR -9 P 12:41

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

☒ Corporation (inc. LLC): Name of President: Joseph LaRosa

Name of Secretary: Joseph LaRosa

Name of Treasurer: Joseph LaRosa

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

4/4/12

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: Rep General Contracting
Address: 850 Pleasant St
City: Norwood State: Ma. Zip: 02062 Phone #: 781 762 0065

- ☒ I am an employer with 24 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: Chartis
Address: 888 Washington St
City: Dedham State: Ma. Zip: 02026 Phone #: 781 963 0699
Policy #: WC 0065910003 Expiration Date: 3/1/13

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: 4/4/12
Print Name: Howard Robinson

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

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The NGM Insurance Company, hereinafter called the Company,
hereby continues in force its Drainlayers Permit Bond Number 172938
in the sum of Ten Thousand dollars (\$10,000.00)
on behalf of RAP General Contracting Corp.
located at
850 Pleasant Street
Norwood, MA 02062
in favor of City of Somerville, MA
for the term beginning September 29th, 2011 and ending on September 29th, 2012,
subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, September 19, 2011

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935