



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

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**TUFTS CONSTRUCTION INC.**  
209 MYSTIC AVE #124  
MEDFORD, MA 02155

License #: 1058

Fee: 250.00

Account ID: 832

Reference #: 1058

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: <b>TUFTS CONSTRUCTION INC.</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>781-844-9535</b>	
License Holder: <b>TUFTS CONSTRUCTION INC.</b> <b>209 MYSTIC AVE #124</b> <b>MEDFORD, MA 02155</b> <b>781-844-9535</b>	
Mailing Address: <b>TUFTS CONSTRUCTION INC.</b> <b>209 MYSTIC AVE #124</b> <b>MEDFORD, MA 02155</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - PETER TUFTS</b> <b>SECRETARY - PETER TUFTS</b> <b>TREASURER - PETER TUFTS</b>	
FID: <b>462326067</b>	
Food Manager/Emergency Contact: <b>PETER TUFTS</b> <b>781-844-9535</b>	

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:

Date: 3-8-14

Print Name: Peter M Tufts

Phone: 781-844-9535

2014 MAR 24 2:50  
 CITY CLERK'S OFFICE  
 SOMERVILLE, MA



Effective Date: April 23rd, 2013

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61664099

That we, Tufts Construction Inc

of Medford, State of Massachusetts, as Principal,  
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of  
Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Oblige, in the penal  
sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00),  
lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made,  
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been  
licensed Drainlayer  
\_\_\_\_\_ by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply  
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit  
applied for, then this obligation to be void, otherwise to remain in full force and effect until  
April 23rd, 2014, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class  
U.S. Mail, to the Oblige and to the Principal at the address last known to the Surety, and at the expiration  
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety  
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said  
date. Regardless of the number of years this bond shall continue in force, the number of claims made  
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of  
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total  
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be  
cumulative.

Dated this 23rd day of April, 2013.

Tufts Construction Inc  
Principal

Principal  
WESTERN SURETY COMPANY  
By Paul T. Bruflat  
Paul T. Bruflat, Senior Vice President

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: Tufts Construction Inc. Peter m Tufts  
Name: Peter m Tufts  
Address: 209 Mystic Ave Medford MA  
City: Medford State: MA Zip: 02155 Phone #: 781-844-9535

- I am an employer with 1 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 Construction

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: [Signature] Date: 3-17-14  
Print Name: Peter m Tufts

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 \_\_\_\_\_