



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

JNJ SACCA INC
92 SPY POND PKWY
ARLINGTON, MA 02474

License #: **694**

Fee: **250.00**

Account ID: **577**

Reference #: **694**

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: JNJ SACCA INC Business Location: OUT OF AREA Business Phone: 781-643-6109	
License Holder: JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474 781-643-6109	
Mailing Address: JNJ SACCA INC 92 SPY POND PKWY ARLINGTON, MA 02474	
Business Type: CORPORATION (INC. LLC) SECRETARY - JEFFREY SACCA PRESIDENT - JONATHAN SACCA TREASURER - NICHOLAS SACCA iii	
FID: 263523501	
Food Manager/Emergency Contact: JONATHAN SACCA 781-608-9257	

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: *Jonathan R Sacca* Date 3-17-14

Print Name: Jonathan R Sacca Phone 781-643-6109



**NORTH AMERICAN SPECIALTY
INSURANCE COMPANY**

475 N. Martingale Road, Suite 850, Schaumburg, Illinois 60173
Direct Dial: 847-273-1210, Toll free: 800-338-0753
Fax: 847-273-1220

CONTINUATION CERTIFICATE

KNOW ALL MEN BY THESE PRESENTS, THAT:

In consideration of the payment of a renewal premium, **NORTH AMERICAN SPECIALTY INSURANCE COMPANY**, as **SURETY**, does hereby continue

Bond Number : SUR 2151357 01
Effective Date : 11/07/2012
Amount of Bond : \$10,000
Continued from : November 7, 2013 to November 7, 2014
On behalf of JNJ SACCA, INC.


In favor of CITY OF SOMERVILLE

Provided, however, that this Continuation Certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond has been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 19 day of July, 2013

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

By:


Kay Hull, Attorney-in-Fact

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: JNTS JACCA, INC.
Address: 92 SPY Pond Parkway
City: Arlington State: MA Zip: 02474 Phone #: 781-643-6109
 I am an employer with _____ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable): AMTRUST North America
Insurance Company Name: Hub International NE
Address: 299 Ballardvale Street
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5100
Policy #: ww 3072431 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: Jonathan R. Jacca Date: 3-17-14
Print Name: Jonathan R. Jacca

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 _____

(revised Jan. 2008)

