

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date February 21, 2013

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/18/13
Amount Paid 250.00

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

Business Name: Tim Zanelli Excavating LLC Phone: 978-447-1138

Business DBA Name (if applicable):

Address with Zip Code: 3 Beech Rd No. Reading, MA 01864

Tax Identification Number: 45-4098830 Check one: [] SSN [X] FEIN

Mailing Name (where we should send correspondence to): Same as above

Address with Zip Code:

Property Owner Name: Same Phone:

Address with Zip Code:

Emergency Contact 1: Randi DeLoreto Phone: 978-580-1431

Emergency Contact 2: Phone:

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

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

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

Address with Zip Code: 3 Beech Rd No. Reading, MA 01864

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

Address with Zip Code:

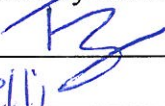
Partner's/Member's/Treasurer's Name:

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.

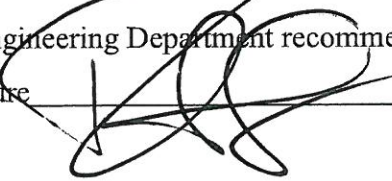
ACKNOWLEDGEMENT

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: 2/21/13
Print Name: Tim Zanelli Phone: 978-447-1138

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature:  Date: 2.22.13

Copy



Effective Date: February 22nd, 2013

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61603012

That we, Tim Zanelli Excavating LLC

of North Reading, 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 Obligee, 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 Obligee, 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 Obligee.

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
February 22nd, 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 Obligee 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 22nd day of February, 2013.

Tim Zanelli Excavating LLC
Principal

X [Signature]
Principal

WESTERN SURETY COMPANY

By [Signature]
Paul T. Bruflat, Senior Vice President



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STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 22nd day of February, 2013, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



S. Petrik
Notary Public — South Dakota

My Commission Expires August 11, 2016

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____ }
COUNTY OF _____ } ss

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the individual _____ described in and who executed the foregoing instrument and acknowledged to me that _____ he _____ executed the same.

My commission expires _____



Notary Public

STATE OF Massachusetts
COUNTY OF Middlesex

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

On this 29 day of March, 2013, before me personally appeared Timothy Zanelli, who acknowledged himself/herself to be the President of Tim Zanelli Excavating LLC, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires March 3, 2017

R. DeLoreto
Notary Public



License or Permit No. _____
LICENSE AND PERMIT BOND As _____
of _____
State of _____
Name of Applicant _____
Address _____
Filed _____,
Approved this _____
day of _____,

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Drainlayer City of Somerville

bond with bond number 61603012

for Tim Zanelli Excavating LLC

as Principal in the penalty amount not to exceed: \$ 10,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 22nd day of February, 2013.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By *Paul T. Bruflat*

Paul T. Bruflat, Vice President



STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 22nd day of February, 2013, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires August 11, 2016

S. Petrik

Notary Public





The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 16, 2013

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TIM ZANELLI EXCAVATING LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **December 22, 2011.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:

TIMOTHY W. ZANELLI

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **TIMOTHY W. ZANELLI**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **TIMOTHY W. ZANELLI**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth



**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.

Tim Zanelli Excavating LLC

*Signature of Individual or Corporate Name (Mandatory)

TZ

By: Corporate Officer (Mandatory, if a corporation)

45-4098830

**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: Tim Zanelli Excavating LLC
Address: 3 Beech Rd
City: No Reading State: MA Zip: 01864 Phone #: 978-447-1138

- I am an employer with 5 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Associated Employers Insurance Co.
Address: 54 Third Ave PO Box 4870
City: Burlington State: MA Zip: 01803 Phone #: _____
Policy #: WCC-5010715012013 Expiration Date: 2/27/14

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: Feb 21, 2013
Print Name: Timothy Zanelli

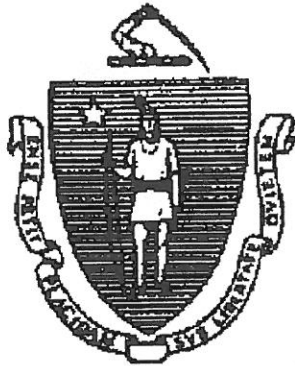
Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**600 Washington Street, Boston, Massachusetts 02111
617-727-4900**

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I(we) have provided for payment to our injured employees under the above mentioned chapter by insuring with:

ASSOCIATED EMPLOYERS INSURANCE COMPANY

NAME OF INSURANCE COMPANY

54 THIRD AVENUE, P.O. BOX 4070, BURLINGTON, MA 01803-0970

ADDRESS OF INSURANCE COMPANY

WCC 5010715012013

POLICY NUMBER

02/27/2013 - 02/27/2014

EFFECTIVE DATES

Segreve & Hall Ins Assoc Inc

NAME OF INSURANCE AGENT

305 North Main Street
Andover, MA 01810

ADDRESS

(978) 975-1300

PHONE

Tim Zanelli Excavating LLC

EMPLOYER

3 Beech Road

ADDRESS

North Reading, MA 01864

12/20/2012

EMPLOYER'S WORKERS COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NEAREST AND BEST MEDICAL FACILITY

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER

CERTIFICATE OF CORPORATE AUTHORITY

I, Timothy Zanelli, Clerk of
Tim Zanelli Excavating LLC hereby certify that,
at a meeting of the Board of Directors of said Corporation duly held on the 21 day of
February, 2013 at which a quorum was present and voting throughout, the following
vote was duly passed and is now in full force and effect:

VOTED: That Timothy Zanelli be and
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Timothy Zanelli to be valid
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Timothy Zanelli
is the duly elected President of said Corporation.

Signed TZ
Place of Business Tim Zanelli Excavating LLC
Date February 21, 2013

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned TZ
Name & Title of Countersigning Officer Timothy Zanelli / President