

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

\$500

F.W. RUSSELL & SONS DISPOSAL, INC.
100 CROSS STREET
SOMERVILLE MA 02145

LIC #: 2010-060
B.O.A.# 165501

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: \_\_\_ Parking or Storing Vehicles: X
Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ Operating a Tow Vehicle: \_\_\_

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: F.W. RUSSELL & SONS DISPOSAL, INC. TEL: 617-776-5854
Company Address: 00120 MCGRATH HWY

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Gov't Partner Ship Other \_\_\_
Owner Name: F.W. RUSSELL & SONS DISPOSAL, INC. TEL: 617-776-5854
Owner Address: 100 CROSS STREET

Owner City: SOMERVILLE State: MA Zip: 02145
FID#: 043160607

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

\*\*\* GARAGE NOT OPEN TO THE PUBLIC \*\*\* LICENSE #: 2010-060
FEE: \$500.00

This is to certify: F.W. RUSSELL & SONS DISPOSAL, INC. has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 04/13/1978

Garage situated at: 00120 MCGRATH HWY

Doing business as : F.W. RUSSELL & SONS DISPOSAL, INC.

Shall not exceed: 4 Vehicles Inside & 21 Vehicles Outside, not on public ways in addition the following restrictions apply:

AMENDED TO 25 VEHICLES AND REPAIR IS RESTRICTED TO THEIR OWN EQUIPMENT AND VEHICLES. APPROVED #179487 9/27/2005

This renewal certificate must be signed by the holder of the license
Check One: Owner X Occupant \_\_\_ Holder \_\_\_

Chris Conner

Signature of Applicant

120 McGrath Highway

Address

Somerville, MA 02143

City State Zip

\*\* Office Use Only \*\*

Mailed

Taken

Received:

City Clerk

CITY CLERK'S OFFICE
20 APR 13 P 12:37



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- Exact name of taxpayer/applicant's business: FW Russell & Sons Disposal Inc.
- Address of taxpayer/applicant's business in Somerville: 120 McGrath Highway
- Address of taxpayer/applicant's home in Somerville: N/A
- Taxpayer/applicant's phone: day: (617) 776-5854 evening: (617)-776-5854

I, Charles Carreglia, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 5<sup>th</sup> day of April, 20 10. Charles Carreglia  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# 11349055 # 14604201 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

**received**  
4-7-10

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.

FW Russell & Sons Disposal Inc.

\* Signature of Individual or Corporate Name (Mandatory)

Charles Carreglia

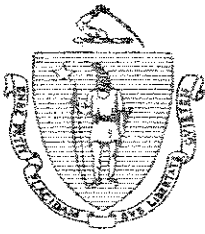
By: Corporate Officer (Mandatory, if a corporation)

04-3160607

\*\* 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, 7<sup>th</sup> Floor  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

**Applicant information:** Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

- I am a sole proprietor and have no one working in any capacity. **Business Type:**  Retail  Restaurant/Bar/Eating Establishment  
 Office  Sales (including Real Estate, Autos etc.)  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Other  
 I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

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 year's 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 \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

Building Department  
 Licensing Board  
 Selectmen's Office  
 Health Department  
 Other \_\_\_\_\_

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 02/01/10												
<b>PRODUCER</b> Green Insurance Exchange, LLC & Waste Insurance Exchange, LLC 184 High Street Suite 602 Boston, MA 02110	1-617-391-0245	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> F.W. Russell & Sons Disposal, Inc. and Langton and Douglas Contracting, A Joint Venture 100 Cross Street  Somerville, MA 02145	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Zurich American Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Zurich American Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Insurance Company		INSURER B: Zurich American Insurance Company		INSURER C:		INSURER D:		INSURER E:	
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INSURER C:														
INSURER D:														
INSURER E:														

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GLO967956402	02/01/10	02/01/11	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$1,000 Comp/Coll Ded. <input checked="" type="checkbox"/> ACV	MA967956203	02/01/10	02/01/11	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC943331801	10/01/09	10/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of Insurance

**CERTIFICATE HOLDER**

City of Somerville  
  
 93 Highland Ave  
  
 Somerville, MA 02143  
  
 USA

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE