

IMPORTANT

#297

REF 346

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: #191127
Business Name: P.T. Kelley Inc
Location: N/A
Special Conditions (if any):

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

2012 APR - 3 P 1:21
CITY CLERK'S OFFICE
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>P.T. Kelley Inc</u>
Somerville Address and Zip Code:	<u>65 OTIS ST. Somerville, MA 02145</u>
Phone Number of the Business:	<u>617-625-5100</u>

The Legal Name of the License Holder:	<u>P.T. KELLEY, INC.</u>
Street Address of the License Holder:	<u>65 OTIS ST.</u>
City, State and Zip Code of the License Holder:	<u>SOMERVILLE, MA 02145</u>
Phone Number of the License Holder:	<u>617-625-5100</u>
Email Address of the License Holder:	<u>PTKelleyInc@AOL.COM</u>

Where We Should Send Mail: Name:	<u>P.T. KELLEY, INC.</u>
Street Address:	<u>65 OTIS ST.</u>
City, State and Zip Code:	<u>SOMERVILLE, MA 02145</u>
Email:	<u>PTKelleyInc@AOL.COM</u>
Phone Number:	<u>617-625-5100</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-3031752</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>617-930-4943</u>
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-OVER-

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: Stephen M. Kelley

Name of Secretary: Paul Kelley

Name of Treasurer: Paul Kelley

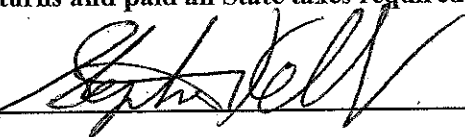
Other (Attach a Description of the Form of Ownership and the Names of Owners)

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 3/28/2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: P.T. KELLEY, INC.

Address of taxpayer/applicant's business in Somerville: 65 OTIS ST.
SOMERVILLE, MA 02145

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 6176255100 evening: 6179304943

I, (print name) Stephen M. Kelley, 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 29th day of March, 2012. Stephen M. Kelley
(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: _____

11237 # 116072001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**
UBaraw
4-3-12

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: P.T. KELLEY, INC.
 Address: 65 OTIS ST.
SOMERVILLE, MA 02145
 City: _____ State: _____ Zip: _____ Phone #: 617625-5100

- I am an employer with 5 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 Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Technology Insurance Company
 Address: 5800 Lombardo Center
 City: Cleveland State: Ohio Zip: 044131 Phone #: 4846744000
 Policy #: TWC 3309360 Expiration Date: 02/01/2013

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: Stephen M. Kelley Date: 3/29/2012
 Print Name: Stephen M. Kelley

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 _____



Western Surety Company

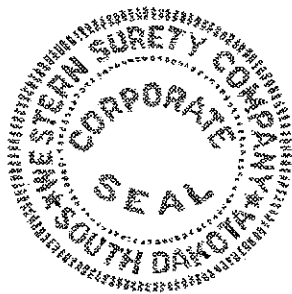
CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 60760052 briefly described as DRAIN LAYER CITY OF SOMERVILLE

for P.T. KELLEY, INC.
_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 01, 2012, and ending May 01, 2013, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 16 day of March, 2012.



WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.