

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

BOSTON SAND AND GRAVEL CO. JEANNE-MARIE BOYLAN
100 N. WASHINGTON ST., 2ND FLOOR
BOSTON MA 02114

LIC #: 2011-203
B.O.A.# 162256

*** 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, 2011. 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: BOSTON SAND AND GRAVEL COMPANY TEL: 617-227-9000
Company Address: 00492 RUTHERFORD AV (PERMIT)

City: SOMERVILLE State: MA Zip: 02129

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: BOSTON SAND AND GRAVEL CO. JEANNE-MARIE BOY TEL: 617-227-9000

Owner Address: 100 N. WASHINGTON ST., 2ND FLOOR

Owner City: BOSTON State: MA Zip: 02114
FID#: 041107360

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 04/30/2011, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 06:00 AM-10:00 PM
SATURDAY: 00:00 AM-00:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

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

*** GARAGE NOT OPEN TO THE PUBLIC *** LICENSE #: 2011-203
FEE: \$500.00

This is to certify: BOSTON SAND AND GRAVEL CO. JEANNE-MARIE BOYLAN
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/11/1997

Garage situated at: 00492 RUTHERFORD AV (PERMIT)

Doing business as : BOSTON SAND AND GRAVEL COMPANY

Shall not exceed: 60 Vehicles Inside

in addition the following restrictions apply:

SAT. HOURS MAY VARY

TRUCK MAINTENANCE AND STORAGE NOT TO EXCEED 60 VEHICLES.

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR 21 P 5:22

This renewal certificate must be signed by the holder of the license.

Check One: Owner [checked] Occupant ___ Holder ___

Jeanne-Marie Boylan
Signature of Applicant
BOSTON SAND & GRAVEL COMPANY
100 N. WASHINGTON ST
Address

Boston MA 02114
City State Zip

** Office Use Only **
Mailed ___
Taken [checked]
Received: 4/21/11 - MS
\$500.00 ck# 165057
City Clerk

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.

BOSTON SAUD & GRAVEL COMPANY

* Signature of Individual or Corporate Name (Mandatory)

Jeanne-Marie Bafar, Treasurer
By: Corporate Officer (Mandatory, if a corporation)

04-1107360

** 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.



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: BOSTON SAND & GRAVEL COMPANY

Address of taxpayer/applicant's business in Somerville: 492 RUTHERFORD AVE

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

Taxpayer/applicant's phone: day: 617-227-9000 evening: _____

I, (print name) JEANNE-MARIE BOYLAN, 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 30 day of March, 20

BOSTON SAND & GRAVEL COMPANY
BY: Jeanne-Marie Boylan
(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: _____
0026133 # N/A # N/A # _____

NOTES:

CLERK'S INITIALS: LS

ORIGINAL STAMP:

RECEIVED
LS
4-21-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: BOSTON SAND & GRAVEL COMPANY
 address: 100 N. WASHINGTON ST
 city: BOSTON state: MA zip: 02114 phone # 617-227-9000

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 150 employees (full & part time). Other MANUFACTURING
 I am an employer providing workers' compensation for my employees working on this job.

company name:
 address:
 city: phone #:
 insurance co. THE HARTFORD policy # OB WN MFS220

- 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 Jeanne Marie Boylan Date 3/30/11
 Print name JEANNE - MARIE BOYLAN Phone # 617-227-9000

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

city or town: permit/license # Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other
 check if immediate response is required
 contact person: phone #:
 (revised Sept. 2003)

POLICY PROVISIONS: WC000000A
 INSURER: Hartford Accident and Indemnity Company
 Hartford Casualty Insurance Company
 Hartford Fire Insurance Company
 Hartford Underwriters Insurance Company
 Twin City Fire Insurance Company

NCCI COMPANY NO. **INFORMATION PAGE** NCCI COMPANY NO.

10448 Hartford Insurance Company of Illinois
 14397 Hartford Insurance Company of the Midwest
 13269 Hartford Insurance Company of the Southeast
 10456
 14974

20613 (Co. Use Only)
 20605 Best
 20621 Ind
 01

ADDRESS: HARTFORD, CT. 06155



POLICY NO. 08 WN MF5220
 Previous Policy No. 08 WN MF5220

SUFFIX
 LARS Renewal
 009
 Co.Code
 G

Items

1. Named Insured and Mailing Address
 (No., Street, Town, County, State)

BOSTON SAND & GRAVEL COMPANY
 100 N. WASHINGTON STREET
 BOSTON, MA 02114

Individual Corporation
 Partnership Other -----

Other workplaces not shown above:

12:01 A.M., standard time at the insured's mailing address

2. The Policy Period is from 07/01/2010 to 07/01/2011

Issuing Regional Office

Producer's Name THE WEINER COMPANY, INC.
 Producer's Code 082233
 ONE MCKINLEY SQUARE
 BOSTON, MA 02109

THE HARTFORD
 ONE HARTFORD PLAZA
 HARTFORD, CT 06155

3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

MA, NH, NY

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

The Limits of our Liability under Part Two are: Bodily Injury by Accident \$ 500,000. Each accident
 Bodily Injury by Disease \$ 500,000. Policy Limit
 Bodily Injury by Disease \$ 500,000. each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING
 AND ANY STATES DESIGNATED IN ITEM 3A OF THE INFORMATION PAGE

D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDTS

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

| Classifications | Code Number | Premium Basis Total Estimated Annual Remuneration | Rate Per \$100 of Remuneration | Estimated Annual Premium |
|----------------------------|-------------|---|--------------------------------|--------------------------|
| SEE SCHEDULE OF OPERATIONS | | | | |
| TERRORISM | 9740 | | | |
| CATASTROPHE | 9741 | | | |

FEIN NO. 04-1102360

Interstate/Intrastate ID No. 910401971

NAICS: 327320

Minimum Premium:

NH

Total Estimated Annual Premium
 Deposit Premium

Audit Period: Annual Semi-Annual Quarterly Monthly

07/06/2010

Countersigned by

Form WC 00 00 01 A Printed in U.S.A.

Authorized Agent

Date