



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

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**R. M. PACELLA INC.**  
3 MADISON ST.  
PLAINVILLE, MA 02762

License #: **930**  
Fee: **250.00**  
Account ID: **741**  
Reference #: **930**

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: For <b>R. M. PACELLA INC.</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>508-695-5100</b>	
License Holder: <b>R. M. PACELLA INC.</b> <b>3 MADISON ST.</b> <b>PLAINVILLE, MA 02762</b> <b>508-695-5100</b>	
Mailing Address: <b>R. M. PACELLA INC.</b> <b>PLAINVILLE, MA 02762</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - RICHARD PACELLA JR.</b> <b>SECRETARY - RICHARD PACELLA JR.</b>	
FID: <b>042623036</b>	
Food Manager/Emergency Contact: <b>RICHARD PACELLA</b>	<b>508-962-0868</b>

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: Richard Pacella Jr. Date: 4/2/13  
Print Name: Richard Pacella Jr. Phone: 508-695-5100



**BOND**  
**(License or Permit - Continuous)**

Bond No. 105889359

KNOW ALL MEN BY THESE PRESENTS:

THAT WE R.M. Pacella, Inc. as Principal, and Travelers Casualty and Surety Company of America, a corporation duly incorporated under the laws of the State of Connecticut and authorized to do business in the State of MASSACHUSETTS, as Surety, are held and firmly bound unto City of Somerville, as Obligee, in the penal sum of Ten Thousand ( \$10,000.00 ) Dollars, for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

WHEREAS, the Principal has obtained or is about to obtain a license or permit for Drainlayers Permit.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal shall faithfully comply with all applicable laws, statutes, ordinances, rules or regulations, pertaining to the license or permit issued, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond shall become effective on March 20, 2013.

PROVIDED, that regardless of the number of years this bond is in force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the penal sum listed above.

PROVIDED FURTHER, that the Surety may terminate its liability hereunder as to future acts of the Principal at any time by giving thirty (30) days written notice of such termination to the Obligee.

SIGNED, SEALED AND DATED this February 04, 2013.

R.M. Pacella, Inc.

By: [Signature]  
Richard M. Pacella, Jr. Principal

Travelers Casualty and Surety Company of America

By: [Signature]  
Rebecca Shanley 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: R.M. Pacella Inc.  
Address: 3 Madison Street  
City: Plainville State: MA Zip: 02762 Phone #: 508-695-5100

I am an employer with 15 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: DeSanctis Insurance Agency, Inc.  
Address: 100 Unicorn Park Drive  
City: Woburn State: MA Zip: 01801 Phone #: 781-935-8480  
Policy #: UB-5051P385-13 Expiration Date: 2/22/14

**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: 4/2/13  
Print Name: Richard M. Pacella Jr.

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 \_\_\_\_\_