

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4-5-11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

\$250.

2011 APR - 5 A 11:14
CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: TUFTS, INC. Phone: 781-393-8664

Business DBA Name (if applicable): _____

Address with Zip Code: 142 MYSTIC AVE MEDFORD, MA 02155

Tax Identification Number: 26-1757786 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): ATTN: FRANK SPINOSA

Address with Zip Code: SAME

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: PETER TUFTS Phone: 781-844-9535

Emergency Contact 2: FRANK SPINOSA Phone: 617-212-9413

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust
☒ 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: _____

Address with Zip Code: _____

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

Address with Zip Code: _____

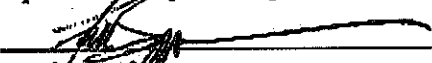
Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

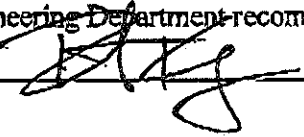
Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: 4-4-11
Print Name: FRANK SPINOSI Phone: 781-393-8664

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be: Approved Denied
Signature:  Date: 4.11.11

HOME OFFICE
2100 FLEUR DRIVE
DES MOINES, IOWA 50321-1158
(515) 243-8171
FAX (515) 243-3854

MERCHANTS
BONDING COMPANY

AUSTIN OFFICE
P. O. BOX 26720
AUSTIN, TEXAS 78755-0720
(512) 343-9033
FAX (512) 343-8363

LICENSE AND PERMIT BOND

Bond No. MA 1133

KNOW ALL PERSONS BY THESE PRESENTS:

That we, Tufts, Incorporated
of Medford, State of Massachusetts, as Principal,
and MERCHANTS BONDING COMPANY (Mutual), a corporation duly licensed to do business in the State of
Massachusetts, as Surety, are held and firmly bound unto
City of Somerville, Oblige, in the penal
sum of Ten Thousand Dollars (\$10,000.00) DOLLARS.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the Principal has been licensed
Street Opening

by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply with the laws
and ordinances, including all Amendments, appertaining to the license or permit applied for, then this obligation
to be void, otherwise to remain in full force and effect for a period commencing on the 5th day of
April, 2011, and ending on the 5th day of April,
2012, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Oblige and to the
Principal, in care of the Oblige or at such other address as the Surety deems reasonable, and at the expiration of
thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later,
this bond shall ipso facto terminate and the surety shall thereupon be relieved from any liability for any subsequent
acts or omissions of the Principal.

No right of action shall accrue on this bond to or for the use of any person or corporation other than Oblige
named herein.

Dated this 5th day of April, 2011

Countersigned (if required):

By: _____

Tufts, Incorporated

Principal

Principal

MERCHANTS BONDING COMPANY (Mutual)

By: Mark D Leskanic

Mark D Leskanic Attorney-in-Fact

MERCHANTS
BONDING COMPANY
POWER OF ATTORNEY

Know All Persons By These Presents, that the MERCHANTS BONDING COMPANY (MUTUAL), a corporation duly organized under the laws of the State of Iowa, and having its principal office in the City of Des Moines, County of Polk, State of Iowa, hath made, constituted and appointed, and does by these presents make, constitute and appoint

of _____ and State of _____ its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to sign, execute, acknowledge and deliver in its behalf as surety any and all bonds, undertakings, recognizances or other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

and to bind the MERCHANTS BONDING COMPANY (MUTUAL) thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the MERCHANTS BONDING COMPANY (MUTUAL), and all the acts of said Attorney-in-Fact, pursuant to the authority herein given, are hereby ratified and confirmed.

This Power-of-Attorney is made and executed pursuant to and by authority of the following Amended Substituted and Restated By-Laws adopted by the Board of Directors of the MERCHANTS BONDING COMPANY (MUTUAL) on November 16, 2002.

ARTICLE II, SECTION 8 - The Chairman of the Board or President or any Vice President or Secretary shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

ARTICLE II, SECTION 9 - The signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed.

In Witness Whereof, MERCHANTS BONDING COMPANY (MUTUAL) has caused these presents to be signed by its President and its corporate seal to be hereto affixed, this _____ day of _____



MERCHANTS BONDING COMPANY (MUTUAL)

By *Larry Taylor*
President

STATE OF IOWA
COUNTY OF POLK ss.

On this _____ day of _____, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at the City of Des Moines, Iowa, the day and year first above written.



Cindy Smyth
Notary Public, Polk County, Iowa

STATE OF IOWA
COUNTY OF POLK ss.

I, William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL), do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said MERCHANTS BONDING COMPANY (MUTUAL), which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Company on this _____ day of _____, 2011.



William Warner Jr.
Secretary

Board of Directors Resolution

State of *Massachusetts*

County of *Middlesex*

On the 15th day of *January*, 2008 at 2:17 pm a special meeting of the Board of Directors of **Tufts Incorporated**, held at the Corporation's offices at 142 Rear Mystic Avenue Medford, MA 02155 in *Middlesex* County, with a quorum of the directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:


CERTIFICATE OF CORPORATE VOTE

All members of the Corporation's board of directors being present and voting, it was unanimously voted, be it resolved that the Board of Directors does hereby authorize **Frank Spinosa** has been given full authorization to be the signatory for all legal documentation regarding *Tufts Incorporated* and his successors in office to negotiate, on terms and conditions that he may deem advisable, a contract or contracts and to execute said contract or contracts, and further we do hereby give him the power and authority to do all things necessary to implement, maintain, amend, or renew said contract.

The above resolution was passed by a majority of those present and voting in accordance with the bylaws.

I certify that the above constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of **Tufts Incorporated**.

Held on the 15th day of *January*, 2008.




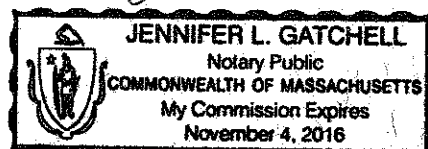
Signature of Board Member

Subscribed and sworn before me, *Jennifer L. Gatchell*, a Notary Public for the

County of *Middlesex*, on the 23th day of *February*, 2011

County Of *Middlesex*
State Of *Massachusetts*


Notary Stamp/Seal Notary

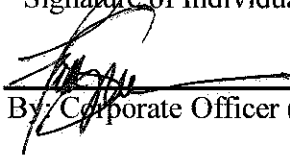


**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

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.

TUFTS, INC.

*Signature of Individual or Corporate Name (Mandatory)



FRANK SPINOSA

By: Corporate Officer (Mandatory, if a corporation)

26-1757786

**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: TUFTS, INC.
Address: 142 MYSTIC AVE.
City: MEDFORD State: MA Zip: 02155 Phone #: 781-393-8664

- ☒ I am an employer with 8 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: EASTERN STATES INSURANCE AGENCY
Address: 142 MYSTIC AVE
City: MEDFORD State: MA Zip: 02155 Phone #: _____
Policy #: C45814439 Expiration Date: 10-26-11

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: 4-4-11
Print Name: FRANK SPINOSA

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 _____