

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date March 15, 2011

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 2011 MAR 21 A 10 45

Amount Paid \$250.00

CITY CLERK'S OFFICE
SOMERVILLE, MA

- ☐ New Application
- ☒ Renewing Application with Additions or Changes *
- ☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: M. J. Scully & Co., Inc. Phone: (978) 657.5655

Applicant's Address (with Zip Code): 314 MAIN ST., Suite 201 Wilmington, MA 01887

Applicant's Email Address: EQ@MJScullyco.com

Applicant's Federal Employer Identification Number: 04-3123590

Business DBA Name (if applicable): _____

Business Location (with Zip Code): _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Elmer Florentino Phone: 978.569.7465

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

IF A SOLE PROPRIETOR:

Owner's Name: Kevin M. Scully

Address with Zip Code: 73 Chelsea St. Unit 306 Charlestown, MA 02129

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Kevin M. Scully

Address with Zip Code: 73 Chelsea Street Unit 306 Charlestown, MA 02129

* Partner's/Member's/Secretary's Name: Michael C. Scully

Address with Zip Code: 20 Fox Hill Road, North Andover, MA 01845

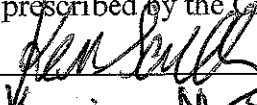
* Partner's/Member's/Treasurer's Name: Michael C. Scully

Address with Zip Code: 20 Fox Hill Road, North Andover, MA 01845

Attach a Drain Layers Bond in the amount of \$10,000.

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: March 15, 2011
Print Name: KEVIN M. Scully Phone: 978.657.5655

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☐ Approved ☐ Denied

Signature _____ Date _____

THE HANOVER INSURANCE COMPANIES

CONTINUATION CERTIFICATE

Principal:
M.J. Scully Co., Inc.

Bond No.:
BLN8870312

Continuation Effective Date:
From: 07/22/2010 To: 07/22/2011

Obligee:
City of Somerville

Agent:
Eastern States Insurance Agency, Inc
50 Prospect Street
Waltham, MA 02453

Bond Amount: \$10,000

Premium: \$100.00

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

The aggregate liability of **THE HANOVER INSURANCE COMPANY** from the date of the issuance of said Bond to the date of the expiration of this certificate shall not exceed the sum written above.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date."

By: Maria Plaisted
Maria Plaisted Attorney-In-Fact

**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.

M. J. Scully & Co., Inc.

*Signature of Individual or Corporate Name (Mandatory)

M. J. Scully

By: Corporate Officer (Mandatory, if a corporation)

04-3123590

**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: M. J. Scully & Co., Inc.
Address: 314 MAIN Street, Suite 201
City: Wilmington State: MA Zip: 01887 Phone #: 978.657.5655

- ☒ I am an employer with 16 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: AM GAULD INSURANCE COMPANY
Address: 16. S. River Street
City: WILKES BARRE State: PA Zip: 18702 Phone #: 1.800.673.2465
Policy #: MJWCO 126865 Expiration Date: 5/17/11

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: MARCH 15, 2011
Print Name: KEVIN M. Scully

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 _____