

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4/5/10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4/8/10 - MS
Amount Paid \$250.00 ck # 1983

CITY CLERK'S OFFICE
2010 APR - 8 1 P 3:19
MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: CJ Dolerty Inc Phone: 81-391-4504

Business DBA Name (if applicable): _____

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

Tax Identification Number: 04-2640572 Check one: SSN FEIN

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

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

Property Owner Name: Charles & Mary Ellen Dolerty Phone: 781 391 4504

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

Emergency Contact 1: Charles Dolerty Sr Phone: 617-907-8392

Emergency Contact 2: Charles Dolerty, Jr. Phone: 617-907-8896

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: Charles J. Dolerty

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

Partner's/Member's/Secretary's Name: Mary Ellen Dolerty

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

Partner's/Member's/Treasurer's Name: Charles J. Dolerty

Address with Zip Code: 173 Leoburn St, Medford Ma 02155

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: *Mary Ellen Doherty* Date: 4/5/10
Print Name: Mary Ellen Doherty Phone: 781 391 4504

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____



CONTINUATION
CERTIFICATE

Liberty Mutual Surety
1001 4th Avenue, Suite 1700
Seattle, WA 98154

First National Insurance Company of America

Seattle, WA

, Surety upon

a certain Bond No. **6129009**

dated effective 06/09/2009
(MONTH-DAY-YEAR)

on behalf of C.J. Doherty, Inc.
(PRINCIPAL)

and in favor of City of Somerville
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 06/09/2009
(MONTH-DAY-YEAR)

and ending on 06/09/2010
(MONTH-DAY-YEAR)

Amount of bond \$10,000

Description of bond Drain Layers

Premium: 200.00

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on 06/09/2009
(MONTH-DAY-YEAR)
First National Insurance Company of America
1001 4th Avenue, Suite 1700, Seattle, WA 98154

By Maria L. Plaisted
Attorney-in-Fact Maria L. Plaisted

Eastern States Insurance Agency, Inc.
Agent

50 Prospect Street, Waltham, MA 02453
Address of Agent

(781) 642-9000
Telephone Number of Agent





CONTINUATION
CERTIFICATE

Liberty Mutual Surety
1001 4th Avenue, Suite 1700
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First National Insurance Company of America

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a certain Bond No. **6129009**

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(MONTH-DAY-YEAR)

on behalf of C.J. Doherty, Inc.
(PRINCIPAL)

and in favor of City of Somerville
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on 06/09/2010
(MONTH-DAY-YEAR)

and ending on 06/09/2011
(MONTH-DAY-YEAR)

Amount of bond \$10,000

Description of bond Drain Layers

Premium: 200.00

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on 06/09/2010
(MONTH-DAY-YEAR)

First National Insurance Company of America
1001 4th Avenue, Suite 1700, Seattle, WA 98154

By Maria L. Plaisted
Attorney-in-Fact Maria L. Plaisted

Eastern States Insurance Agency, Inc.
Agent

50 Prospect Street, Waltham, MA 02453
Address of Agent

(781) 642-9000
Telephone Number of Agent



**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.

Nancy Ann Doherty - GT Doherty Inc.

*Signature of Individual or Corporate Name (Mandatory)

Nancy Ann Doherty Clerk

By: Corporate Officer (Mandatory, if a corporation)

042640572

**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: CT Identity Inc

Address of taxpayer/applicant's business in Somerville: 400 Mystic Ave

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

Taxpayer/applicant's phone: day: 781 391 4504 evening: 781-391-4504

I, (print name) Mary Ellen DeBorja, 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 5 day of April, 2010. Mary Ellen DeBorja
(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: _____
03119130 # 134082001 # 30051613 # _____

NOTES:

CLERK'S INITIALS: UR6

ORIGINAL STAMP:

received
Somerville
4-5-10

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: GT Doherty Inc
Address: 173 Webster St
City: Methuen State: Ma Zip: 02155 Phone #:

- I am an employer with 10 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Peerless Tag Co
Address: 13 Riverside Rd
City: Dorset State: Ma Zip: 02193 Phone #: 1-800-225-9346
Policy #: WC 852 8771 Expiration Date: 10/1/10

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: Wendy Ellen Doherty Date: 4/6/10
Print Name: Wendy Ellen Doherty

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