

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4/15/10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

250.00

CITY CLERK'S OFFICE
BOSTON, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name: F.E. French Construction Phone: 781-899-3000

Business DBA Name (if applicable):

Address with Zip Code: 224 Rutledge Rd Belmont MA 02478

Tax Identification Number: 04-3508422 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): F.E. French Construction Inc

Address with Zip Code: 224 Rutledge Rd Belmont MA 02478

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Michael French Phone: 617-908-0023

Emergency Contact 2: Frank French Phone: 617-908-7699

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: Frank French

Address with Zip Code: 45 Dean St Belmont MA 02478

Partner's/Member's/Secretary's Name: Michael French

Address with Zip Code: 33 Horace Rd Belmont MA 02478

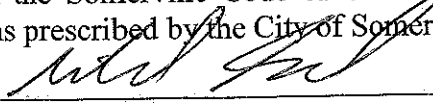
Partner's/Member's/Treasurer's Name:

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: 4/15/10
Print Name: Michael French Phone: 781-899-3xxx

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

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

Signature _____ Date _____

**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.

F.E. French Construction INC

*Signature of Individual or Corporate Name (Mandatory)

Michael French

By: Corporate Officer (Mandatory, if a corporation)

04-3508422

**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: F.E. French construction inc.

Address of taxpayer/applicant's business in Somerville: N/A

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 781-899-3000 evening: 781-899-3005

I, (print name) Michael French, 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 15 day of April, 20 10. [Signature]
(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: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

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: F.E. French construction inc
Address: 224 Rutledge rd
City: Belmont State: MA Zip: 02478 Phone #: 781-899-3000

- ☒ I am an employer with 9 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: Chartis
Address: 99 High St
City: Boston State: MA Zip: 02110 Phone #: 617-227-1576
Policy #: WC 5569097 Expiration Date: 2/1/11

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: 4/15/10

Print Name: Michael French

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 _____

CERTIFICATE OF CORPORATE AUTHORITY

I, Michael French, Clerk of
Name of Clerk or Secretary
F.E. French Construction Inc hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 15 day of
Date
April, 2010, at which a quorum was present and voting throughout, the following
Month Year
vote was duly passed and is now in full force and effect:

VOTED: That Michael French be and
Name of Officer authorized to sign for the Corporation
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
other obligations of the Corporation, the execution of any such contract, bond or obligation by
such Michael French to be valid
Name of Officer authorized to sign for the Corporation
and binding upon this Corporation for all purposes. This vote remains in full force and effect,
and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Michael French
Name of Officer authorized to sign for the Corporation
is the duly elected clerk of said Corporation.
Title

Signed [Signature]
Clerk or Secretary

Place of Business F.E. French Construction Inc

Date 4/15/10

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
signed by another Officer of the Corporation.

Countersigned [Signature]

Name & Title of Countersigning Officer Frank French president