



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

CK-21108
\$ 250

APPLICATION TO RENEW DRAIN LAYER LICENSE

D. MUZZIOLI ASSOCIATES INC
22 HOUGH RD
BELMONT, MA 02478

License #: **687**

Fee: **250.00**

Account ID: **570**

Reference #: **687**

7032

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 D. MUZZIOLI ASSOCIATES INC Business Location: OUT OF AREA Business Phone: 617-489-5332	
License Holder: D. MUZZIOLI ASSOCIATES INC 22 HOUGH RD BELMONT, MA 02478 617-489-5332	
Mailing Address: D. MUZZIOLI ASSOCIATES INC BELMONT, MA 02478	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DANTE MUZZIOLI SECRETARY - DANTE MUZZIOLI	
FID: 043443140	
Food Manager/Emergency Contact: DANTE MUZZIOLI 617-489-5332	

CITY CLERK'S OFFICE
SOMERVILLE, MA
2013 APR - 3 12:39

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: Dante S. Muzzioli Date: 3-5-13
Print Name: Dante S Muzzioli Phone: 617-489-5332



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 24873000 briefly described as DRAIN LAYING CITY OF SOMERVILLE

for D. MUZZIOLI ASSOCIATES, INC.

_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning January 04, 2013, and ending January 04, 2014, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 19 day of December, 2012.

WESTERN SURETY COMPANY

By

Paul T. Brunat, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

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: Dante Muzzioli
Address: 22 Hough Rd.
City: Belmont State: MA Zip: 02478 Phone #: 617-489-5332
☒ I am an employer with 20 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 landscape / light construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Company
Address: PO Box 9102
City: Weston State: MA Zip: 02493-9102 Phone #: 1-800-762-5026
Policy #: WC5-31S-383153-012 Expiration Date: 11-15-13

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: Dante Muzzioli Date: 3-5-13

Print Name: Dante Muzzioli

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 _____