

5-31-2012
CK 27164
\$250-

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #191128
Business Name: Caruso & McGovern Construction Inc
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

2012 MAY 31 A 11:17
CITY CLERK'S OFFICE
SOMERVILLE, MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: Caruso 3 McGovern Construction Inc.
 Somerville Address and Zip Code: Ø
 Phone Number of the Business: 978-352-3399

The Legal Name of the License Holder: Caruso 3 McGovern Construction Inc.
 Street Address of the License Holder: One Industrial Way
 City, State and Zip Code of the License Holder: Georgetown, MA 01833
 Phone Number of the License Holder: 978-352-3399
 Email Address of the License Holder: Steven@carusoandmcgovern.com

Where We Should Send Mail: Name: Caruso 3 McGovern Const. Inc.
 Street Address: One Industrial Way
 City, State and Zip Code: Georgetown, MA 01833
 Email: Steven@carusoandmcgovern.com
 Phone Number: 978-352-3399

Federal ID # (Do Not Give a Social Security #): #04-2785730

Emergency Contact and Phone (For Fire Dept. Use): Steve - 508-328-1935

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: Gerard J McGovern

Name of Secretary: Steven J. Caniso

Name of Treasurer: Steven J. Caniso

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 5/15/12

BOND DEPARTMENT

AGENCY: 20-0212 Sullivan Ins Group Inc

CONTINUATION CERTIFICATE	BOND	S-258755
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Principal:

Caruso & McGovern Construction
One Industrial Way
Georgetown, MA 01833

Obligee:

City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

Bond Term in Months: 12

Effective Date: 5/1/2012

Expiration Date: 5/1/2013

Penalty Amount: \$10,000

Type of Bond: License

Classification: Drainlayer Automatic Renewals

Remarks:

Drainlayer

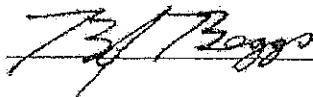
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

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.

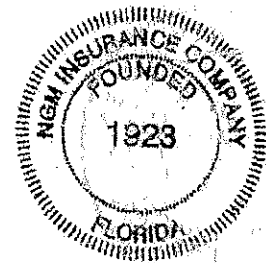
In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

NGM INSURANCE COMPANY

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill

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: Caruso 3 McGovern Construction Inc.
 Address: One Industrial Way
 City: Georgetown State: MA Zip: 01833 Phone #: 978-352-3399

- I am an employer with 20 employees (full and/or part time).
 I am a sole proprietor or partnership and have no employees.
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: American Safety & Peerless Ins. - Sullivan/INS.grp
 Address: 72 River Park
 City: Needham State: MA Zip: 02444 Phone #: 781-449-8323
 Policy #: 6015511012012 Expiration Date: 4/14/13

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: [Signature] Date: 5-15-12
 Print Name: Steven J. Caruso, Treasurer

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