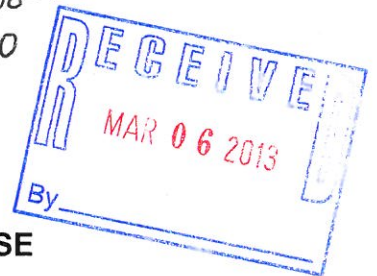




**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

CK-20883  
\$ 250



**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**J. DERENZO CO**  
338 HOWARD ST  
BROCKTON, MA 02302

License #: **692**

Fee: **250.00**

Account ID: **575**

Reference #: **692**

# 7037

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 <b>J. DERENZO CO</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>508-427-6441</b>	
License Holder: <b>J. DERENZO CO</b> <b>338 HOWARD ST</b> <b>BROCKTON, MA 02302</b> <b>508-427-6441</b>	
Mailing Address: <b>J. DERENZO CO</b> <b>BROCKTON, MA 02302</b>	338 Howard Street Brockton, MA 02302
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - ANTHONY LOCONTE</b> <b>TREASURER - ANTHONY LOCONTE</b>	CITY CLERK'S OFFICE SOMERVILLE, MA 2013 MAR 26 P 12:55
FID: <b>042077274</b>	
Food Manager/Emergency Contact: <b>ANTHONY LOCONTE</b> <b>617-212-4517</b>	

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: [Signature] Date: 3/7/13

Print Name: Anthony C. Loconte Jr. Phone: 617-212-4517

LICENSE OR  
PERMIT BOND

Bond 1040396

LICENSE OR PERMIT BOND

KNOW ALL BY THESE PRESENTS, That we, J. Derenzo Co.  
338 Howard Street, Brockton MA02302

as Principal, and the Arch Insurance Company, a Missouri corporation,  
as Surety, are held and firmly bound unto City of Somerville, 93 Highland Avenue, Somerville MA 02143

in the sum of TEN THOUSAND AND NO/100THS

Dollars ( \$10,000.00 )

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 1st day of April, 2012.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Somerville Drainlayer Permit by the Obligee.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This bond shall continue in force:

Until \_\_\_\_\_, \_\_\_\_\_, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

J. Derenzo Co.

Principal

By \_\_\_\_\_

Arch Insurance Company

By Claire A. Cavanaugh

Claire A. Cavanaugh, Attorney-in-Fact

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: J. Derenzo Co.  
Address: 338 Howard Street  
City: Brockton State: MA Zip: 02302 Phone #: 508-427-6441

- I am an employer with 250+ 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 Site Contracting / Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Old Republic Ins. Co.  
Address: 199 Water St - 11th Floor  
City: New York State: NY Zip: 10038 Phone #: ??  
Policy #: A 2CW 02711200 Expiration Date: 3/1/2014

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: 3/7/13  
Print Name: Anthony C. Lo Conte Jr.

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 \_\_\_\_\_

