



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

TUFTS INC
ATTN: FRANK SPINOSA
142R MYSTIC AVE
MEDFORD, MA 02155

License #: **659**
Fee: **250.00**
Account ID: **542**
Reference #: **659**

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: TUFTS INC Business Location: OUT OF AREA Business Phone: 781-393-8664	
License Holder: TUFTS INC ATTN: FRANK SPINOSA 142R MYSTIC AVE MEDFORD, MA 02155 781-393-8664	moved 11/15/2013 425 Medford St Charlestown, MA 02129
Mailing Address: TUFTS INC ATTN: FRANK SPINOSA 142R MYSTIC AVE MEDFORD, MA 02155	425 Medford St Charlestown, MA 02129
Business Type: CORPORATION (INC. LLC) PRESIDENT - FRANK SPINOSA SECRETARY - FRANK SPINOSA TREASURER - FRANK SPINOSA	
FID: 261757786	
Food Manager/Emergency Contact: FRANK SPINOSA 617-212-9413	

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: *Frank Spinoso* Date: 3/5/2014
Print Name: Frank Spinoso Phone: 781-393-8664 / 617-212-9413

2014 MAR -7 A 11:58
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

DES MOINES OFFICE
2100 FLEUR DRIVE
DES MOINES, IOWA 50321-1158
(800) 678-8171
FAX (515) 243-3854



AUSTIN OFFICE
P.O. BOX 26720
AUSTIN, TEXAS 78755-0720
(800) 252-9656
FAX (512) 343-8363

CONTINUATION CERTIFICATE

(to be filed with the obligee)

MA 1133 10,000 STREET OPENING
BOND NO. AMOUNT DESCRIPTION
OBLIGEE CITY OF SOMERVILLE

THE MERCHANTS BONDING COMPANY (MUTUAL), Des Moines, Iowa, hereby continues in force Bond for
PRINCIPAL TUFTS, INCORPORATED

DBA _____

All liability under this Continuation Certificate is effective 04/05/14 and terminates midnight 04/05/15

This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.

Witness the signature of its President under the corporate seal on 02/01/14

Attest:
William Warner Jr.
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)
Larry Taylor
President

CERTIFICATION

I hereby certify that the following is a true and correct copy of Section 1(b) and Section 1(d) of Article VI of the Bylaws of Merchants Bonding Company (Mutual) duly adopted and recorded to-wit: Section 1(b) "The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertaking, recognizances, contracts of indemnity and other writings obligatory in the nature thereof," and Section 1(d) "The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

I further certify that the following are duly elected officers of the Company: Larry Taylor, President; and William Warner, Jr., Secretary.

IN TESTIMONY WHEREOF, I have hereunto set my hand as President and affix the Corporate Seal of the MERCHANTS BONDING COMPANY (MUTUAL)

this 1ST day of FEBRUARY, 2014

Attest:
William Warner Jr.
Secretary



MERCHANTS BONDING COMPANY (MUTUAL)
Larry Taylor
President

On this 1ST day of FEBRUARY, 2014 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on 02/01/14 Cindy Smyth
Notary Public, Polk County Iowa



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: Tufts Incorporated
Address: 425 Medford St
City: Charlestown State: MA Zip: 02129 Phone #: 781-393-8664

- 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: Travelers Insurance Company
Address: 2420 Lakemont Ave Suite 100
City: Orlando State: FL Zip: 32814 Phone #: 781-229-1555 ^{Agent}
Policy #: UB-9867M903-13 Expiration Date: 7/28/14

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: 3/5/2014

Print Name: Frank Spinoza

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 _____