

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 10/18/10

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 10/28/10

Amount Paid \$250-

- ☐ New Application
☐ Renewing Application with Additions or Changes
☐ Renewing Application with NO Additions or Changes

Business Name: ATLANTIC Excavation & Utility Corp Phone: 6172930233

Business DBA Name (if applicable): _____

Address with Zip Code: 180 Washington St Brighton MA 02135

Tax Identification Number: 043494425 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): 180 WASHINGTON ST

Address with Zip Code: Brighton MA 02135

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

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: Gerry Mc GUTH

Address with Zip Code: 180 WASHINGTON ST Brighton MA 02135

Partner's/Member's/Secretary's Name: Same

Address with Zip Code: _____

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

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: [Signature] Date: 10/18/10
Print Name: Gerry Mc GATTA Phone: 617.297.0232

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied
Signature: [Signature] Date: 10-28-10



Western Surety Company

LICENSE AND PERMIT BOND

For County, City, Town or Village Only-Not Valid for Bonds Required by the State. Not Valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses or Utility Guarantee Bond.

KNOW ALL PERSONS BY THESE PRESENTS:

BOND No. **L & P-43369894**

That we, Atlantic Excavation & Utility Corp,
of the City of Brighton, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Massachusetts, as Surety, are held and firmly bound unto the City of
Somerville, State of Massachusetts, as Oblige, in the

(Valid only when a County, City, Town or Village is named as Oblige)

amount of TEN THOUSAND DOLLARS (\$ 10,000.00),
(NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed
as a contractor

by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 28th day of October, 2010, and ending on the 28th day of October, 2011, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing by First Class U.S. Mail to the Oblige and to the Principal at the address last known to the Surety, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 28th day of October, 2010



Atlantic Excavation & Utility Corp Principal

[Signature] Principal

Countersignature (where required)

By [Signature] Resident Agent

WESTERN SURETY COMPANY

By [Signature] Senior Vice President

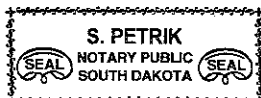
ACKNOWLEDGMENT OF SURETY

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

(Corporate Officer)

On this _____ day of _____, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



My Commission Expires August 11, 2010
Form 849A - 3-2005

[Signature]
Notary Public, South Dakota

Western Surety Company • 101 S. Phillips Ave.
Sioux Falls, SD 57104 • 1-605-336-0850

CERTIFICATE OF CORPORATE AUTHORITY

I, Gerry Mc CATH, Clerk of

ATLANTIC Excavation & Utility hereby certify that,
Name of Corporation
at a meeting of the Board of Directors of said Corporation duly held on the 19 day of
Date
12, 99, 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 Gerry Mc Gath 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 Gerry Mc Gath 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 Gerry Mc GATH
Name of Officer authorized to sign for the Corporation

is the duly elected _____ of said Corporation.

Signed

~~Clerk of Secretary~~

Place of Business

Date _____

10(18)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 countersigned by another Officer of the Corporation.

Countersigned

Name & Title of Countersigning Officer

**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.

ATLANTIC Excavation & Utility Corp

*Signature of Individual or Corporate Name (Mandatory)

Gerry MC GATH

By: Corporate Officer (Mandatory, if a corporation)

043494425

**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.

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: ATLANTIC Excavation & Utility Corp
Address: 180 WASHINGTON BOSTON
City: Brighton State: MA Zip: 02175 Phone #: (17293 022)

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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual Insurance Co
Address: PO Box 9102
City: Weston State: MA Zip: 02497 Phone #: 1800 762 5026
Policy #: WC4-315-342271-030 Expiration Date: 07-22-2011

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: Gerry McGATH Date: 10/18/10
Print Name: Gerry McGATH

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	