

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 _____

Date 3/11/10 _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3/22/10</u>
Amount Paid	<u>250.00</u>

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

CITY CLERK'S OFFICE
2010 MAR 22 A 10:10

Business Name: CARUSO + McGovern Phone: 978-352-3329

Business DBA Name (if applicable): Constructive INC.

Address with Zip Code: One Industrial Way, Georgetown, MA 01833

Tax Identification Number: 04-2785730 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): SAME

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Gerard J. McGovern Phone: 508-328-1936

Emergency Contact 2: Steven J. Caruso Phone: 508-328-1935

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR: N/A

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: Gerard J. McGovern, President

Address with Zip Code: One Walnut St., Wakefield, MA 01880

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

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: Steven J. Caruso, Treasurer

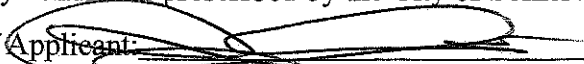
Address with Zip Code: 41 Thurston Pt. Rd., Gloucester, MA

01930

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:  Date: 3/11/10
Print Name: Steven J. Cruz, Treasurer Phone: 978-352-3399

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature _____ Date _____

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: 5/1/2010

Expiration Date: 5/1/2011

Penalty Amount: \$10,000

Type of Bond: License

Classification: Drainlayer Automatic Renewals

Remarks:

Drainlayer

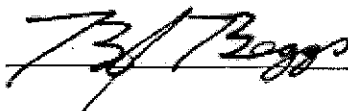
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

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.

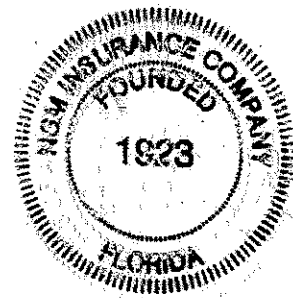
In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

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.

**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.

CARUSO + Mc Govern Construction INC.

*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

Steven J. Caruso, Treasurer

04-2785730

**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: CARUSO + mcGovern Construction Inc.
Address: One Industrial Way
City: Georgetown, State: MA Zip: 01833 Phone #: 978-352-3399

- I am an employer with ___ 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 General Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Winter Hill Ins. Co.
Address: 273 Lexington Street, Suite 209
City: Woburn, State: MA Zip: 01801 Phone #: 781-937-7774
Policy #: _____ Expiration Date: 4/15/10

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: _____ Date: 3/11/10

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 _____