

License #:

661

GALLUP LANDSCAPE COMPANY INC PO BOX 401033 CAMBRIDGE, MA 02140

Fee:

250.00

Account ID:

544

Reference #:

661

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: GALLUP LANDSCAPE COMPANY INC Business Location: OUT OF AREA Business Phone: 617-547-3127						
License Holder: GALLUP LANDSCAPE COMPANY INC PO BOX 401033 CAMBRIDGE, MA 02140 617-547-3127						
Mailing Address: GALLUP LANDSCAPE COMPANY INC PO BOX 401033 CAMBRIDGE, MA 02140						
Business Type: CORPORATION (INC. LLC) SECRETARY - CLARE GALLUP PRESIDENT - DANA GALLUP TREASURER - DANA GALLUP						
FID: 042701722	, , , , , , , , , , , , , , , , , , , ,					
Food Manager/Emergency Contact: DANA GALLUP						
Conditions: (to change any conditions, submit a new application. Hours: NOT APPLICABLE	Contact the City Clerk's Office for more information)					

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 accurateAny changes above are subject to the approval of the BOARD OF Al -I have filed all State tax returns and paid all State taxes required by Is	: LDERMEN. aw for this business.
Signature:	Date
Print Name:	Phone

2012 KIKENESE #

APPLICATION FOR DRAIN LAYING

Application Fee_\$250.00	FOR CITY CLERK'S OFFICE ONLY Date Recorded
Date A06 12, 2013	Amount Paid
New Application	
Renewing Application with Additions or Chan	iges
Renewing Application with NO Additions or C	
Applicant's Legal Name: GALLUP LAN	VDKM- OPhone: 6/7-547-3/2)
Applicant's Address (with Zin Code): Po Bo)	x 40/033 CAMBRIDGE MA. OSI
Applicant's Email Address: GALLUP L	AND STATE (2) CALL GLAND. C
Applicant's Federal Employer Identification Nur	mber: 04-2701712
Business DBA Name (if applicable):	
Business Location (with Zip Code):	
Mailing Name (where we should send correspondence to	
Mailing Address (with Zip Code):	
Emergency Contact: DAWA GALLUP	Phone: 6/7-547-3/2
	orietorPartnership (inc. LLP)Trust
Corporati	on (inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORAT	ION (Attach additional sheets as needed):
Partner's/Member's/President's Name:	
Address with Zip Code:	
Partner's/Member's/Secretary's Name:	
Address with Zip Code:	
Partner's/Member's/Treasurer's Name:	· · · · · · · · · · · · · · · · · · ·
Address with Zip Code:	

Attach a Drain Layers Bond in the amount of \$10,000.

ACKNOWLEDGEMENT



Effective Date: March 28th, 2011

Western Surety Company

LICENSE AN	D PERMIT BOND
NOW ALL PERSONS BY THESE PRESENTS:	Bond No. 24927124
hat we, Gallup Landscape Company, Inc.	as Principal
nd WESTERN SURELY COMPANY, a corporation	
Massachusetts	, as Surety, are held and firmly bound unto the
ity of Somerville	_, State of Massachusetts, as Obligee, in the penal
	DOLIARS (\$10,000,00),
awful money of the United States, to be paid to the ye bind ourselves and our legal representatives, fir	rmly by these presents.
THE CONDITION OF THE ABOVE OBLIGA	ATION IS SUCH, That whereas, the Principal has been
icensed <u>Drainlayer</u>	
	by the Obligee.
This bond may be terminated at any time by U.S. Mail, to the Obligee and to the Principal at the of thirty-five (35) days from the mailing of said n shall thereupon be relieved from any liability for date. Regardless of the number of years this bagainst this bond, and the number of premiums	the Surety upon sending notice in writing, by First Class he address last known to the Surety, and at the expiration notice, this bond shall ipso facto terminate and the Surety any acts or omissions of the Principal subsequent to said bond shall continue in force, the number of claims made which shall be payable or paid, the Surety's total limit of or period to period, and in no event shall the Surety's total eth above. Any revision of the bond amount shall not be
	Gallup Landscape Gompañy, Inc. Principa Principa WESTERN SURETY COMPANY By Paul T. Bruflat, Senior Vice Presiden

SCICE WESTERN SURETY COMPANY . ONE OF AMERICA'S OLDEST BONDING COMPANIES

Form 532-1-2010

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.

GALLUP LANDSCAPE CO. LINC	
*Signature of Individual or Corporate Name (Mandatory)	
Norm Kally Pars-	
By: Corporate Officer (Mandatory, if a corporation)	
04-2701722	f s
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, it	1 2
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: GALLUP CA	NOSCAPE CE	D. INC	
Address: P.O. Box	40/033		
City: (AMBRIDGE	State: MA	Zip: (72/90) F	Phone #:6/7-547-3/2/
I am an employer with (full and/or part time). I am a sole proprietor or partremployees. We are a corporation that has exemption per c152 s1(4), an We are a nonprofit organizati volunteers and have no emplo	nership and have no exercised our right of d have no employees. on staffed by	Restaurant/Bar/ Office and/or S Nonprofit Entertainment Manufacturing Health Care	Eating Establishment ales (real estate, auto, etc.)
Workers' compensation insura			/
Insurance Company Name: 7	RAUTHERS 11	NOCH VIX	2
Address: MOURANCC	CORTIFICAT	TE ATTAL	ACD
City:	State:		Phone #:
Policv#:		I	Expiration Date:
Applicant certification:	4		
Failure to secure coverage as repenalties of a fine up to \$1.500.0	00 and/or one years' impri \$100.00 a day against n igations of the DIA for co	isonment as well as civene. I understand that verage verification. that the information pr	
Signature: / Lanu /	- Hours	I	Date: 8-2-13
Print Name: DANA /	- GALLUF		
Official use only.	Do not write in this area.	. To be completed by c	ity or town official.
City or Town:	Permit/Licen	15e #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #:		

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

ce	rtifi	cate holder in li	eu of	such endors	eme	nt(s).		Looner	Y 2				
PROD								CONTACT Gail Cregg NAME: C79) 454 1955					
Fred C. Church, Inc. 41 Wellman Street						PHONE 978 3227266 (A/C, No, Ext): FAX (978) 454-1865 (A/C, No):					P4-1000		
Lowell, MA 01851 (800) 225-1865							E-MAIL gcregg@fredcchurch.com ADDRESS:						
(500)	-20							INSURER(S) AFFORDING COVERAGE					NAIC#
								INSURE	RA:	Casualty Insurance			29424
INSU	RED							INSURE	Phoenix II	nsurance Compar	ny.		25623
		ndscape Company, Ind	c.					INSURE	Travelers	Indemnity Compa	any		
		01033						INSURE	RANGER AND				
Cam	bridg	e, MA 02140											
								INSURER F :					
	<i>(</i> F.C)	ACEC		CER	TIEIC	ATE	NUMBER: 20347	INGUNE			REVISION NUMBER:		
		AGES	HAT T	HE DOLLOIE	OF	NICLIE	DANCE LICTED DELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	IE POL	ICY PERIOD
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												
INSR	OL				ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
LTR	GE	TYPE OF IN	JUKAN	SE	INSR	WVD	FOLICT NUMBER		(minuser () ()		EACH OCCURRENCE	\$ 1,000	
	X	1		ADILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000	
		COMMERCIAL GEN	V								MED EXP (Any one person)	\$ 5,000	
		CLAIMS-MADE	=	OCCUR			6802111C58A		11/30/2011	11/30/2012	PERSONAL & ADV INJURY	\$ 1,000	
С							anner (1 m. 1 m				GENERAL AGGREGATE	\$ 2,000	0,000
			_								PRODUCTS - COMP/OP AGG	\$ 2,000	0,000
	GEI	N'L AGGREGATE LIM		LIES PER:				1	8.		PRODUCTS - COMPTOT AGG	\$ -,,	
		POLICY PRO	I_L	LOC		-					COMBINED SINGLE LIMIT	1,000	0,000.
	AU.	TOMOBILE LIABILITY	•								(Ea accident) BODILY INJURY (Per person)	\$ \$	
		ANY AUTO		CHEDULED			BA8015C701	1	11/30/2011	11/30/2012	BODILY INJURY (Per accident)		
В		AUTOS	AL	JTOS			BAOUISC/UT		11/30/2011	11/00/2012	PROPERTY DAMAGE	\$	
	X	HIRED AUTOS		ON-OWNED UTOS				1			(Per accident)	\$	
												2 000	000
	Х	UMBRELLA LIAB	X	OCCUR						EACH OCCURRENCE	2 000		
С		EXCESS LIAB	OD WHO IT IS				CUP2591Y29A		11/30/2011	11/30/2012	AGGREGATE	*	
		DED X RETENTION \$ 5,000								x WC STATU- OTH-	\$		
		ORKERS COMPENSATION							X WC STATO- TORY LIMITS ER	_ 1,000	0.000		
А	AN	PROPRIETOR/PART	NERVEX	KECUTIVE TIN	N/A		08WECLB2584		9/2/2011	9/2/2012	E.L. EACH ACCIDENT	1.000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. DISEASE - EA EMPLOYEE	1 000 000		
	If ye	es, describe under SCRIPTION OF OPER	RATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	5,000
			_										
				<u> </u>									
DES	CRIP	TION OF OPERATION	IS / LOC	ATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
Insura	ince	Evidence											
CEI	יודכ	FICATE HOLDE	R					CANC	ELLATION				
		nerville						Γ					
	- Eng	gineering Dept						SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELI	LED BEFORE
		, MA 02145						THE	ORDANCE WI	TH THE POLIC	EREOF, NOTICE WILL E CY PROVISIONS.	JC DC	LIVENCED III
								7.00					
						AUTHO	RIZED REPRESE	NTATIVE					
								Herman P Laturnau					
								Herman I fatternau					
nt#	# 2285 Mst # 20347 Cert Holder # 36076					© 1988-2010 ACORD CORPORATION. All rights reserved.							