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**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**

93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**GALLUP LANDSCAPE COMPANY INC  
PO BOX 401033  
CAMBRIDGE, MA 02140**

License #: **661**

Fee: **250.00**

Account ID: **544**

Reference #: **661**

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: <b>GALLUP LANDSCAPE COMPANY INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-547-3127</b>	
License Holder: <b>GALLUP LANDSCAPE COMPANY INC</b> <b>PO BOX 401033</b> <b>CAMBRIDGE, MA 02140</b> <b>617-547-3127</b>	
Mailing Address: <b>GALLUP LANDSCAPE COMPANY INC</b> <b>PO BOX 401033</b> <b>CAMBRIDGE, MA 02140</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - CLARE GALLUP</b> <b>PRESIDENT - DANA GALLUP</b> <b>TREASURER - DANA GALLUP</b>	
FID: <b>042701722</b>	
Food Manager/Emergency Contact: <b>DANA GALLUP</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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

2012 LICENSE #  
191107

### APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 \_\_\_\_\_

Date AUG 12, 2013

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

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

Applicant's Legal Name: GALLUP LANDSCAPE CO <sup>INC</sup> Phone: 617-547-3127  
Applicant's Address (with Zip Code): PO BOX 401033, CAMBRIDGE, MA 02140  
Applicant's Email Address: GALLUP LANDSCAPE @ GALLUPLAND.COM  
Applicant's Federal Employer Identification Number: 04-2701722

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: DANA GALLUP Phone: 617-547-3127

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: \_\_\_\_\_

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**

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: *Dana T. Gallup* Date: 8/4/13  
Print Name: DANA T. GALLUP Phone: 617-547-3127  
~~617-547-3127~~

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_



Effective Date: March 28th, 2011

# Western Surety Company

## LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 24927124


That we, Gallup Landscape Company, Inc.  
 of the City of Cambridge, 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 penal  
 sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00),  
 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 THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been  
 licensed Drainlayer  
 \_\_\_\_\_ by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply  
 with the laws and ordinances, including all amendments thereto, pertaining to the license or permit  
 applied for, then this obligation to be void, otherwise to remain in full force and effect until  
March 28th, 2014, 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 said notice, this bond shall ipso facto terminate and the Surety  
 shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said  
 date. 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 March, 2011

Gallup Landscape Company, Inc. Principal  
  
 \_\_\_\_\_ Principal  
 WESTERN SURETY COMPANY  
 By Paul T. Bruflat  
 Paul T. Bruflat, Senior Vice President

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. INC  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

*Warren J. Kelly*      *PKS*  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

04-2701722  
\_\_\_\_\_  
\*\*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: GALLUP LANDSCAPE CO., INC  
 Address: P.O. BOX 401033  
 City: CAMBRIDGE State: MA Zip: 02140 Phone #: 617-547-3127

- 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 CONTRACTING

Workers' compensation insurance information (if applicable):

Insurance Company Name: TRAVELERS INDEMNITY  
 Address: INSURANCE CERTIFICATE ATTACHED  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: DANA T. GALLUP Date: 8-2-13  
 Print Name: DANA T. GALLUP

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 \_\_\_\_\_

(revised Jan. 2008)

