

CITY OF SOMERVILLE **BOARD OF ALDERMEN**

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

2015 AUG 20 P 12: 57

APPLICATION TO RENEW DRAIN LAYER LICENSE MERVILLE, MA

License #:

1029

APCON INC. 4830 RT. 28 **COTUIT, MA 02635**

Fee:

250.00

Account ID:

806

Reference #:

1029

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: For APCON INC. Business Location: OUT OF AREA Business Phone: 508-420-9200			
License Holder: APCON INC. 4830 RT. 28 COTUIT, MA 02635 508-420-9200			
Mailing Address: APCON INC. COTUIT, MA 02635			
Business Type: CORPORATION (INC. LLC) PRESIDENT - MICHAEL SANTOS SECRETARY - MICHAEL SANTOS			
FID: 010587959			
Food Manager/Emergency Contact: MICHAEL SANTOS 508-326-8366			

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

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	Decrintion	of I	acation	andlar	Othor	Conditions
_	COULDINI	()	U.C. ALICHI	A1101/01	(/	CAMBUILDINS

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 All have filed all State tax returns and paid all State taxes required by I	LDERMEN.	usiness	
Signature: Mill A A A A A A A A A A A A A A A A A A	Date	8/19/15	
Print Name: Michael A Son tos	Phone	508-326-8366	

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant inform	nation:						
Name: 147	cen, Inc						
Address: 4	830 RT 28						
City: Cot	9	State: MA	- Zip: වみ6え	SPhone #: .	508-	420-	9200
(full and/or pa I am a sole pro- employees. We are a corp exemption pe We are a nong	oyer with employer time). oprietor or partnership are oration that has exercised to c152 s1(4), and have no orofit organization staffed have no employees.	nd have no	Restaurant/E Office and/o Nonprofit Entertainmen Manufacturi		state, au		
Workers' compe	ensation insurance infor						
Insurance Compa	ny Name: A FI	whic Cha	rter				
Address: 25	New Chara	don St					
City: SorA:	Boston	State: MA	Zip: 02114	Phone #:			
Policy #: WCV	00892105			Expiration I	Date:	5/14/	16
Applicant certifi	cation:					Port and Spring Street Services	
penalties of a fine WORK ORDER	coverage as required use up to \$1,500.00 and/or and a fine of \$100.00 Office of Investigations of	one years' impriso a day against me	nment as well as. I understand the	civil penalties	in the f	orm of a S	TOP
I do hereby certify	y under the pains and per	alties of perjury th	at the information	provided abo	ve is true	and corre	ct.
Signature:	Vall Ald	4		Date: 8	100	15	
Print Name: N	1 chcel A.S	201 WAN		V ,		′	
O:	fficial use only. Do not w	vrite in this area. T	o he completed h	city or town	official		
-					Board of Buildin City/To Licensi	of Health g Departn wn Clerk ng Board	
Contact Person	n:	Phone #:			Selectm Other_	en's Offic	e

(revised Jan. 2008)

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint Sioux Falls Paul T. Bruflat of . Vice President South Dakota __ , its regularly elected __ State of _ as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond: One Drainlayer City of Somerville bond with bond number 62501728 for Apcon Inc as Principal in the penalty amount not to exceed: \$ 10,000.00 Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile. In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its __ with the corporate seal affixed this _____doth___ day of __ 2015 ATTEST Paul T. Bruflat, Vice President STATE OF SOUTH DAKOTA COUNTY OF MINNEHAHA , before me, a Notary Public, personally appeared 20th On this ___ day of _ Paul T. Bruflat and _ Vice President who, being by me duly swom, acknowledged that they signed the above Power of Attorney as _ and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation. **55555555555555555555555** S. PETRIK **NOTARY PUBLIC** SOUTH DAKOTA SEAL

My Commission Expires August 11, 2016

Drain-Layer's Bond Bond # 62501728

Effective Date: August 20th, 2015

Know all Men by these Presents, Apcon Inc
3 8 - Market Carlotte
That we, (name, address and phone) 4830 Route 28, Cotuit, MA 02635
in the Commonwealth of Massachusetts, as Principal, and (name)
WESTERN SURETY COMPANY
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the sum of Ten Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.
Whereas the said Principal has this day been granted a license as a drain-layer by the Board of Aldermen of said City, according to the provisions of a certain ordinance of said City relating to sewers, and whereas a bond is required to be given by him as such drain-layer, according to the following provisions of said ordinance, to wit: Every person licensed as provided in the preceding section shall, before performing any work authorized thereby, execute an agreement or bond, in the sum of Ten Thousand Dollars, with one or more sureties, satisfactory to the Board of Aldermen, that he will properly make the openings into all common sewers opened by him; that he will construct or repair the drains to be connected by him with the common sewers or with other drains in a thorough and workmanlike manner; that he will leave no material or obstruction of any description in the sewer which he may open, or in any drain leading into any sewer; that he will properly close up the excavation, and restore the earth and pavement taken up, and regrade and repave the street, and put it in good and proper condition, and remove all superfluous material, all to the satisfaction of the street commissioner; and if he fail so to do, or if at any time within one year from the date of the completion of any drain the surface of the street shall settle or otherwise become unsafe for public travel, then the street commissioner shall repave and regrade the street at the expense of the said drain-layer, and within five days thereafter deliver a hill of the same to the city auditor for collection, and said drain-layer shall immediately pay the same, and he shall not be entitled to receive another permit until the said bill and all other bills of expense incurred by the City on account of his negligence or default shall be paid in full; also, that he will cause a sufficient fence to be placed so as to enclose the excavation and the earth, stone and other material which may be put into the street, and will cause a sufficient number of lighted
Now, therefore, the condition of this obligation is such that if the said Principal shall well and truly perform each and all of the provisions and terms of said ordinance above set forth and on his part to be performed, then this obligation shall be void; otherwise it shall remain in full force and virtue.
In witness whereof we hereunto set our hands and seals this 20th day of August, 2015, in the presence of:
For the Principal (Affix Seal and Attach Certificate of Corporate Authority):
Signature Witness
For the Surety (Affix Seal) and Attach Power of Attorney): WESTERN SURETY COMPANY Signature Witness A. Nelson
Signature Paul T. Bruflat, Senior Vice President

TAN DAY