

CITY OF SOMERVILLE, MASSACHUSETTS CITY CLERK'S OFFICE

JOSEPH A. CURTATONE MAYOR

JOHN J. LONG City Clerk

June 27, 2012

To Whom It May Concern:

Apcon Inc. has requested a Drainlayer's License in the City of Somerville. Their services are required for work at the Assembly Square Mall area.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long

City Clerk

Approved by President:

Thomas F Taylor / Tre President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman William M. Roche





assembly Sq.

NEW APPLICATION FOR DRAIN LAYING

Application Fee \$250.00	FOR CITY CLERK'S OFFICE ONLY
T. 1	Date Recorded 6/25//2 - M5
Date_	Amount Paid 250 2 cf 4/69/
VNew Application	
Renewing Application with Addition	ns or Changes
Renewing Application with NO Add	litions or Changes 508 470-7200 75
Business Name: Apron. Tive	Phone: 508.430-9500
•	T. A.
	7 28 Cotuit MA 02635 75
Tax Identification Number: 0105	87959 Check one: SSN FEIN
Mailing Name (where we should send c	orrespondence to):
Address with Zip Code:	
	Phone:
Address with Zip Code:	
Emergency Contact 1: Michael	Santos Phone: 508-326-8366
	Phone:
	Sole ProprietorPartnership (inc. LLP)Trust Corporation (inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR COI	RPORATION (Attach additional sheets as needed):
Partner's/Member's/President's Name:_	Michael A. Syntos ST 28 Cotuit, MA. 02635
Address with Zip Code: 4830 K	T 28 Cotuit MA 02635
Partner's/Member's/Secretary's Name:_	5 Am
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: Date: 5/15/2012
Print Name: Michael A. Santos Phone: 507-306-8366
FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:
ENGINEERING DEPARTMENT RECOMMENDATION:
The Engineering Department recommends that the application be: Approved Denied
Signature Date 6.25.12

Drain-Layer's Bond Bond # 61382263

Effective Date: June 18th, 2012

Know all Men by these Presents, Apcon, Inc.
That we, (name, address and phone) 4830 RT. 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 workmanilike 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 bill 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 that he will maintain such fence during t
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 <u>11th</u> day of <u>June</u> , <u>2012</u> , 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 Paul T. Bruflat, Senior Vice President Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

My Commission Expires November 30, 2012

Form F1975-9-2006

That WESTERN SURETY COMPANY, a corporauthorized and licensed to do business in the State Delaware, District of Columbia, Florida, Georgia, Maryland, Massachusetts, Michigan, Minnesota, Mis New Mexico, New York, North Carolina, North Dal South Dakota, Tennessee, Texas, Utah, Vermont, States of America, does hereby make, constitute and	es of Alabama, Alaska, Ari Hawaii, Idaho, Illinois, Ind ssissippi, Missouri, Montana kota, Ohio, Oklahoma, Ore , Virginia, Washington, We d appoint	zona, Arkansas, Califorr liana, Iowa, Kansas, Ka a, Nebraska, Nevada, Ne gon, Pennsylvania, Rho est Virginia, Wisconsin,	nia, Colorado, Connecticut entucky, Louisiana, Maine w Hampshire, New Jersey de Island, South Carolina Wyoming, and the United
Paul T. Bruflat State of South Dakota	of	Sioux	Falls
State of South Dakota	, its regularly elected	Senior Vice I	resident
as Attorney-in-Fact, with full power and authority he its behalf as Surety and as its act and deed, the follows:		sign, execute, acknowle	age and deliver for and o
One Drain Layer City of Somerville			
bond with bond number 61382263			
for Apcon, Inc.			
as Principal in the penalty amount not to exceed: \$_	10,000.00		
Western Surety Company further certifies that the folduly adopted and now in force, to-wit: Section 7. All bonds, policies, undertakings, Powers name of the Company by the President, Secretary, any ABoard of Directors may authorize. The President, any Attorneys-in-Fact or agents who shall have authority to iss not necessary for the validity of any bonds, policies, under such officer and the corporate seal may be printed by facsi	s of Attorney, or other obligations is sistant Secretary, Treasurer, Vice President, Secretary, are bonds, policies, or undertantakings, Powers of Attorney or	ons of the corporation shal or any Vice President, or by Assistant Secretary, or kings in the name of the Co	I be executed in the corporate by such other officers as the the Treasurer may appoint ompany. The corporate seal
In Witness Whereof, the said WESTERN SU Senior Vice President with the call with the	corporate and offixed this	11+h dovot	Juno
J. Nelson Assistant Se	W	ESTERN SURE	TY COMPANY
L. Nelson, Assistant Se	ecretary	Paul T	Bruflat, Senior Vice Presider
STATE OF SOUTH DAKOTA ss	,		SEAV &
			Walland Dollar
Paul T. Bruflat	and	L. Nelson	Public, personally appeare
who, being by me duly sworn, acknowledged that the and Assistant Secretary, respectively, of the said V voluntary act and deed of said Corporation. **Secretary** **D. KRELL** **J. ** **D. KRELL** **J. ** **D. KRELL** **J. ** **D. ** **D. ** **D. ** **T. ** **D. ** **D. ** **T. ** **T. ** **D. ** **T. ** **D. ** **T. ** **T. ** **T. ** **D. ** **T. ** **T. ** **D. ** **T. ** **T. ** **T. ** **D. ** **T. ** **D. ** **T. ** ** **T. **			
NOTARY PUBLIC SEAL		60 ts	2000

Notary Public

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.

*Signature of Individual or Corporate Name (Mandatory)

*By: Corporate Officer (Mandatory, if a corporation)

**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: Aprow, In	· C		
Address: 4830 RT			
city: Cotrit	State: //	A Zip:02 6	35Phone #: 508-420-920
am an employer with 3 er (full and/or part time). I am a sole proprietor or partner employees. We are a corporation that has ex exemption per c152 s1(4), and b We are a nonprofit organization volunteers and have no employer	ship and have no ercised our right of ave no employees. staffed by	Restaura Office au Nonprof Entertain Manufac	nment cturing
Workers' compensation insuranc		· Ł	
Insurance Company Name: A	Hantic C	Charter	<u> </u>
Address: See Poli	cy		
City:	State:	Zip:	Phone #:
Policy #: W C V0089	2102		Expiration Date: 5/10/13
Applicant certification:			~ 44.
penalties of a fine up to \$1,500.00	and/or one years' imp 100.00 a day against	risonment as wel me. I understan	2 can lead to the imposition of criminal ill as civil penalties in the form of a STOP and that a copy of this statement may be ion.
I do hereby certify under the pains			ation provided above is true and correct.
Signature: ////////////////////////////////////	124		Date: 6/12/12
Print Name: Michael	Santos		
Official use only. D	o not write in this are	ea. To be complet	ted by city or town official.
City or Town:	Permit/Lice	ense #:	Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person:	Phone #: _		Other

(revised Jan. 2008)