

APPLICATION FOR DRAIN LAYING

2011 MAY 31 P 12:15

Application Fee \$250.00

Date 5/16/11

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	CITY CLERK'S OFFICE
Amount Paid <u>\$250.00</u>	SOMERVILLE, MA

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Jason Anthony Corp. Phone: (617) 868-7204

Business DBA Name (if applicable): _____

Address with Zip Code: 671 Concord Ave Cambridge MA 02138

Tax Identification Number: 043 352 554 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Jason Anthony Corp.

Address with Zip Code: PO BOX 460 BELMONT MA 02478

Property Owner Name: John Perino II Phone: 617 438 7234

Address with Zip Code: _____

Emergency Contact 1: John Perino II Phone: (617) 438 7234 cell

Emergency Contact 2: _____ Phone: _____

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. 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: 5/16/11
Print Name: PERCIVAL JOHN Phone: 617 868 7204

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____

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: [Signature] Date: 5/16/11
Print Name: Peck, John Phone: 617 868 7204

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature: [Signature] Date: 6-8-11

The Hanover Insurance Company

Bond # BLN-1703463

**CONTINUATION CERTIFICATE
Drainlayers Bond**

**PRINCIPAL: JASON ANTHONY CORP.
82 TROWBRIDGE STREET, BELMONT, MA 02478**

**CONTINUATION EFFECTIVE DATE:
FROM: 11/14/2010 TO 11/14/2011**

OBLIGEE: CITY OF SOMERVILLE, MA

**AGENT: MARKETING ASSOCIATES INSURANCE AGENCY, INC
150 WELLS AVENUE
NEWTON, MA 02459**

BOND AMOUNT: \$10,000

PREMIUM: \$100.00

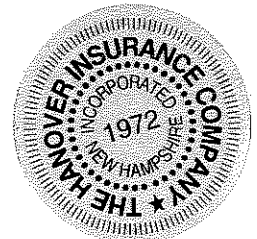
IT IS HEREBY AGREED THAT THE CAPTIONED POLICY IS CONTINUED IN FORCE FOR THE POLICY PERIOD SHOWN ABOVE.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL POLICY AND SUBSEQUENT CHANGES, IF ANY, AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE POLICY HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE POLICY, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR APPLICABLE REGULATION.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, SEALED AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE."

HANOVER INSURANCE COMPANY

BY: 
TERRELL WILLIAMS ATTORNEY-IN-FACT



**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.

Jason Anthony Corp.

*Signature of Individual or Corporate Name (Mandatory)

John Kerino

By: Corporate Officer (Mandatory, if a corporation)

043 352 554

**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 ~~comply with the filing or payment obligations~~ 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: Jason Anthony Corp
 Address: PO Box 460
 City: Belmont State: MA Zip: 02478 Phone #:

- I am an employer with 6 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: National Union Fire Inc. cog Pittsburgh, PA/AIG/Chai
 Address: 22437 Network Place
 City: Chicago, IL State: IL Zip: Phone #:
 Policy #: WC 006 97 2458 Expiration Date: 4/13/2012

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: [Signature] Date: 5/16/11
 Print Name: John Perino II

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____ Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other

Contact Person: _____ Phone #: _____

(revised Jan. 2008)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2011

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).

PRODUCER Marketing Associates Insurance Agency, Inc. 150 Wells Avenue Newton MA 02459	CONTACT NAME: Terri Williams
	PHONE (A/C, No, Ext): (617)964-5340 FAX (A/C, No): (617)965-1843
INSURED Jason Anthony Corp. P.O. Box 460 Belmont MA 02478	E-MAIL ADDRESS: twilliams@telamonins.com
	PRODUCER CUSTOMER ID: 00007830
	INSURER(S) AFFORDING COVERAGE
	NAIC #
	INSURER A: Worcester 26182
	INSURER B: National Union Fire Insurance
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER: CL1151106417** **REVISION NUMBER:**

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			SPP0000035582K	3/15/2011	2/25/2012	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
GENL AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$
A	AUTOMOBILE LIABILITY			BA 00000087649F	8/17/2010	8/17/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC006-57-5756	4/13/2011	4/13/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Somerville Somerville City Hall 93 Highland Avenue Somerville, MA 02143	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Michael Susco/TWILLI