



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

RAP GENERAL CONTRACTING CORP
850 PLEASANT ST
NORWOOD, MA 02062

License #: 347

Fee: 250.00

Account ID: 298

Reference #: 347

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: RAP GENERAL CONTRACTING CORP Business Location: OUT OF AREA Business Phone: 781-762-0065	
License Holder: RAP GENERAL CONTRACTING CORP 850 PLEASANT ST NORWOOD, MA 02062 781-762-0065	
Mailing Address: RAP GENERAL CONTRACTING CORP 850 PLEASANT ST NORWOOD, MA 02062	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JOSEPH LAROSA SECRETARY - JOSEPH LAROSA TREASURER - JOSEPH LAROSA	
FID: 042829278	
Food Manager/Emergency Contact: JOSEPH LAROSA 781-762-0065	

2014 MAR 10 P 1:41
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Joseph Larosa

Date: March 8, 2014

Print Name: Joseph Larosa

Phone: cell 617-212-7042 / off 781-762-0065

0065

ISSUED THROUGH

A. A. DORITY COMPANY

BOSTON

CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **Drainlayers Permit** Bond Number **172938**

in the sum of **Ten Thousand dollars (\$10,000.00)**

on behalf of

RAP General Contracting Corp.

located at

850 Pleasant Street
Norwood, MA 02062

in favor of **City of Somerville, MA**

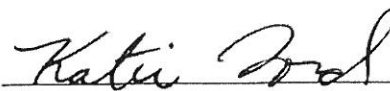
for the term beginning **September 29th, 2013** and ending on **September 29th, 2014**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, October 8, 2013

NGM Insurance Company

By:



Katie E. Ford

Attorney-in-Fact

A. A. DORITY Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: RAP General Contracting Corp.
Address: 850 Pleasant St.
City: Norwood State: MA Zip: 02062 Phone #: 781-762-0065

- ☒ I am an employer with 9 employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☐ We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type: ☐ Retail
☐ Restaurant/Bar/Eating Establishment
☒ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIG - PMC Insurance Agency Inc.
Address: 50 Cabot Street - P.O. Box 920179
City: Needham State: MA Zip: 02492 Phone #: _____
Policy #: WC 6590003 Expiration Date: 4/1/15

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: March 7, 2014
Print Name: Joseph A. [Signature]

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 _____