

# APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 3/16/11

2011 MAR 29  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

3/29/11 -MS

Amount Paid

\$250.00 ck# 31686

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Lamountain Bros Inc Phone: 508-987-5322

Applicant's Address (with Zip Code): 37 Federal Hill Rd Oxford MA 01540

Applicant's Email Address: dkremere@lamountainbros.com

Applicant's Federal Employer Identification Number: 042945627

Business DBA Name (if applicable):

Business Location (with Zip Code): 37 Federal Hill Rd Oxford, MA 01540

Mailing Name (where we should send correspondence to): same

Mailing Address (with Zip Code):

Emergency Contact: Ben Lamountain

Phone: 508-726-9339

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: Peter Lamountain

Address with Zip Code: Federal Hill Rd Oxford, MA 01540

Partner's/Member's/Secretary's Name: Henry Lamountain

Address with Zip Code: Federal Hill Rd Oxford MA 01540

Partner's/Member's/Treasurer's Name: Henry Lamountain

Address with Zip Code: Federal Hill Rd Oxford MA 01540

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



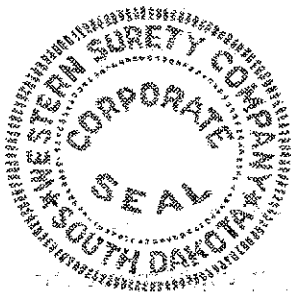
# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 25529833 briefly described as DRAINLAYER CITY OF SOMERVILLE  
for LA MOUNTAIN BROTHERS, INC.  
as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning March 28, 2011, and ending March 28, 2012, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 18 day of January, 2011.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

**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.

LaMountain Bros Inc.

\*Signature of Individual or Corporate Name (Mandatory)

Ben J. Miller

By: Corporate Officer (Mandatory, if a corporation)

042945627

\*\*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: LaMountain Bros Inc.  
Address: 37 Federal Hill Rd  
City: Oxford State: Ma Zip: 01540 Phone #: 508-987-5322

- ☒ I am an employer with 60 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  
☐ Manufacturing  
☐ Health Care  
☐ Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: National Union Fire Ins Co of Pittsburgh PA  
Address: c/o Oxford Ins main st  
City: Oxford State: Ma Zip: 01540 Phone #: 508-987-0333  
Policy #: WC5319881 Expiration Date: 9/30/11

**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: Henry LaMountain Date: 3-16-11  
Print Name: Henry LaMountain

*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