

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #191110
Business Name: E.B. Rotundi & Sons Inc
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAY - 1 P 2:50
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business:	<u>E.B. Rotundi and Sons Inc</u>
Somerville Address and Zip Code:	<u>-</u>
Phone Number of the Business:	<u>781-438-5005</u>

The Legal Name of the License Holder:	<u>E.B. Rotundi and Sons Inc</u>
Street Address of the License Holder:	<u>21 Manison St</u>
City, State and Zip Code of the License Holder:	<u>Stoneham MA 02180</u>
Phone Number of the License Holder:	<u>781-438-5005</u>
Email Address of the License Holder:	<u>dml@ebrotundi.com</u>

Where We Should Send Mail: Name:	<u>Dennis Lawhorne</u>
Street Address:	<u>21 Manison St</u>
City, State and Zip Code:	<u>Stoneham MA 02180</u>
Email:	<u>dml@ebrotundi.com</u>
Phone Number:	<u>781-254-7534</u>

Federal ID # (Do Not Give a Social Security #):	<u>04 2643937</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Dennis Lawhorne 781 254-7534</u>
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: A. Joseph Rotondi

Name of Secretary: Michael J Rotondi

Name of Treasurer: Michael J. Rotondi

 Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date 4/30/2022

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: E.B. Rotondi and Sons Inc
 Address: 21 Manser St
 City: Stoneham State: MA Zip: 02180 Phone #: 781 438-5005

- I am an employer with 50 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 General Contractor

Workers' compensation insurance information (if applicable): Certificate attached

Insurance Company Name: AIM Mutual Insurance Co.
 Address: 54 Third Avenue
 City: Burlington State: MA Zip: 01803 Phone #: 800-876-2765 x8704
 Policy #: VWC 6015509012012 Expiration Date: 4/11/2013

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: Catherine M. Gately Date: 4/30/12
 Print Name: Catherine M Gately

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 _____

CONTINUATION CERTIFICATE

NAMED INSURED:

Donkey
E B Rotondi & Sons, Inc.
21 Manson street
Stoneham, MA 02180

Bond No. BLN-8869780

CONTINUATION EFFECTIVE DATE:

FROM: July 7 2011 -- 2012

OBLIGEE:

City of Somerville
1 Franey Road
Somerville, MA 02143

AGENT:

Saltmarsh Insurance Agency
751 Main Street
Winchester, MA 01890

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 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, AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".

The Hanover Insurance Company

By: Kathleen McSweeney
Kathleen McSweeney Attorney-in-Fact

