



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

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**J. MARCHESE AND SONS INC**  
69 NORMAN ST  
EVERETT, MA 02149

License #: **658**  
Fee: **250.00**  
Account ID: **541**  
Reference #: **658**

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: <b>J. MARCHESE AND SONS INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>617-389-4040</b>		
License Holder: <b>J. MARCHESE AND SONS INC</b> <b>69 NORMAN ST</b> <b>EVERETT, MA 02149</b> <b>617-389-4040</b>	2014 MAR - 7 A 11: 58 CITY CLERK'S OFFICE SOMERVILLE, MA	
Mailing Address: <b>J. MARCHESE AND SONS INC</b> <b>69 NORMAN ST</b> <b>EVERETT, MA 02149</b>		
Business Type: <b>CORPORATION (INC. LLC)</b> <b>SECRETARY - ELIZABETH MARCHESE</b> <b>PRESIDENT - JOHN MARCHESE</b> <b>TREASURER - JOHN MARCHESE</b>		
FID: <b>042759455</b>		
Food Manager/Emergency Contact:	<i>Scott Karpinski 617-212-7515</i>	

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: *John J. Marchese* Date 3/2/14  
 Print Name: John J. Marchese Phone 617-389-4040

**Continuation Certificate**

**The Hartford Insurance Group**

Surety - License & Permit

The Hartford Casualty Insurance Company

(hereinafter called the Company)

hereby continues in force its Bond No. 08BSBAQ6138

in the sum of

Ten Thousand Dollars, \$10,000.00

on behalf of J MARCHESE & SONS, INC.  
69 Norman Street, EVERETT, MA 02149  
in favor of CITY OF SOMERVILLE, CITY CLERK

for the (extended) term beginning on April 27, 2014 and ending on April 27, 2015

subject to all the covenants and conditions of said Bond, said bond and this and all continuations thereof being one continuous contract.

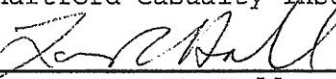
This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of

Ten Thousand Dollars.

IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed on March 4, 2014

Hartford Casualty Insurance Company

By:



Laurence R. Hall, Attorney in fact

Attest:



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: J. Marchese & Sons INC  
Address: 69 Norman Street  
City: Everett State: MA Zip: 02149 Phone #: 617-389-4040

- I am an employer with 52 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: STAR INSURANCE COMPANY  
Address: PO BOX 4213  
City: SARASOTA State: FL Zip: 34230 Phone #: \_\_\_\_\_  
Policy #: WC0782504 Expiration Date: 4/1/2014

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: [Handwritten Signature] Date: 3/3/14  
Print Name: John J Marchese

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 \_\_\_\_\_