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: #191111		
Business Name: Borges Sewer & Drain Co Location: N/A		<i>7</i> 3
Special Conditions (if any):		لىن
Special Conditions (If any).	4) 4)	Ū
Renewal Fee (Return with this application): \$250	ZŽ.	=
PLEASE FILL IN ALL SIX BOXES BELOW:		estenciation of
The DBA Name of the Business: Borges Sewer & Drain Co.		
Somerville Address and Zip Code:		
Phone Number of the Business: U17-293-4902		
The Legal Name of the License Holder: John Boyces		
Street Address of the License Holder: 30 Fountain Street		
City, State and Zip Code of the License Holder: North 02155		
Phone Number of the License Holder: 617-293-4902		
Email Address of the License Holder: Dorges Aruns @ Omail, Com		
		·
Where We Should Send Mail: Name: John Boyges		
Street Address: 30 Fountain Street		
City, State and Zip Code: Med ford, MA 02155		
Email: Duryeschainsagmail.rom		
Phone Number: 617-293-4402		
Federal ID # (Do Not Give a Social Security #): 04-3259476		
Emergency Contact and Phone (For Fire Dept. Use): (17-293-1902		

Type of Business (Check Only C	One and Give the Names Indicated):	-
Sole Proprietor: Name of Ov	wner: John Borges	
Partnership (inc. LLP): Nam	nes of All Partners Who Own More Than 10%:	
Trust: Names of All Trustee	es Who Own More Than 10%:	
Corporation (inc. LLC): Nar	me of President:	
Name of Secretary:		
Name of Treasurer:		
	of the Form of Ownership and the Names of Owners)	
		=
	-	
CKNOWLEDGEMENT: I h	hereby certify under the penalties of perjury that the following is tru	ie:
All information shown above i	is true and accurate.	*
All information shown above i Any changes above are subjec	ct to the approval of the Somerville Board of Aldermen. This and paid all State taxes required by law for this business.	•
All information shown above i Any changes above are subjec I have filed all State tax returi	ct to the approval of the Somerville Board of Aldermen. ns and paid all State taxes required by law for this business.	
All information shown above i Any changes above are subjec I have filed all State tax returi	ct to the approval of the Somerville Board of Aldermen.	

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

Workers' Compensation Insurance Affidavit - General Business

pplicant information:
ame: Borges Sewer & Drain Co.
ddress: 30 Fountain Street
ity: Me(Hor) State: MA zip: OL155 Phone #: (017-293-4902
I am an employer with
Vorkers' compensation insurance information (if applicable):
asurance Company Name: Traviers Insurance Company
Address: PO BOX 3556 Ribetro Desarra Ins. Agen
State: F) Zip: 32802 Phone #: (617-197-2100)
Policy #: 79,7UB - 047/M94-1-11 Expiration Date: 10,15,17
applicant certification:
ailure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up \$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 or coverage verification.
do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
Signature:
rint Name: John Borges
Official use only. Do not write in this area. To be completed by city or town official.
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 Licensing Board Selectmen's Office Contact Person: Phone #: Other
Contact Person: Phone #: Other Other

Apr. 25. 2012, 12:07PM - FCX 1017-625-4239; No. 2520 P. 1/



M3/22/12

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No22965936	briefly
described as DRAINLAYER CITY OF SOMERVILLE	
Gescriben as Mantennam All Va	<u> </u>
	<u> </u>
for JOHN BORGES SEWER & DRAIN	<u>.</u>
	, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars	;
April 08,2012, and endingApril 08,	2013 , 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 W	estern 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 this30 day ofJanuary, 2012	
WESTERN SURI	TY COMPANY
	0
10 080A 15 T	72
By Paul T. Bru	Hat, Sedior Vice President
TO CANAL ATT	
weight District	ļ .

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

Farm 90-A-4-2002

Western Surety Company

POWER OF ATTORNEY

That WESTE	RN SURETY O	OMPANY.	a corporation or	ganized and e	kleting under the le	ws of the State	of South Dakota,
hesirottua hre	and licensed t	o do busin	ess in the State	s of Alabama	, Alaska, Arizona,	Arkensas, Call	fornia, Colorado,
Connectioni. De	laware. Distric	t of Colum	bla, Florida, Ge	orgîa, Hawall,	idaho, Illinole, in	diana, Iowa, Ka	aneas, Kentucky,
Louisiana, Main	e, Maryland, M	assaohuset	te, Michigan, Mi	nnesota, Missi	ssippi, Missouri, M	ontana, Nebrosi	(a, Nevada, New
Hampshire, Nev	v Jersey, New	Mexico, N∈	w York, North	Carolina, Nortr	Dakote, Ohio, O	klanoma, Orego Na Wachingla	n, reisityivisia, . Mast Viminia
Phode Island,	South Carolina	, Bouin De	akota, lennesse La of America de	e, lexae, on	ah, Vermont, Virgi ce, constitute and a	nnoini	i, escut engines,
wieconem, wyo			is of Africatica, do	es lisienà ura		delegand	
	Paul T. Bru			_ of	Sloux Falls		,
State of	South Dak	ola	, ilo regu	larly elected _	Senior Vice I	Preeident	1
as Attorney-in-F	aot, with full po	wer and at	uthority hereby o	onterred upon	him to algn, exec	ute, aqknowledg	ie and deliver for
and on its behal	f as Surety and	as its not a	nd deed, the foll	owing bond:		į	
OneDRAI	NLAYER CIT	Y OF SON	ERVILLE				
			¥	•	•	į	
bond with bond	number <u>22</u>	<u>965936</u>			· •		
tor JOHN BO	RGES SEWER	& DRAIN	N.	~	<u>.</u>		
ae Principal in th	ne penaity amo	unt not to ex	xceed: \$10,00	00,00			
))(· O	or codifion I	hat the following :	is a trip and a	reat copy of Section	7 of the by-laws	of Western Surely
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Section 7 All I	bonds policies).	nderteklans.	Powers of Allòme	y, or other oblig	alions of the corporat urer, or any Vice Pre	ion shall be execu	ited in the corporate
Dears of Discolor	n mente attlantion	The Dranid	lant any Vian Pro	aldoni. Secretsi	v. anv Assislant Sec	retary of the 176	asurer may appoint
Allernaur-in-Font	or anomic who a	hali hava a di	barity la issue bat	ida bolidias. Of	undertædnas in ino i	1ame oi ule ⊾omi	DBUA' I LIB OCLINIA CO
seal is not neces	eery for the valid ruch officer and if	aty of any bo	nce, policies, uno seal may be printe	atakings, rower d by facsimile.	e of Allomey or other	i obliganous or r	to del belateri. The
					as oaused these	presents to be	executed by its
Senior Vice Pro	esideni w	th the corpo	orate seal affixed	this 30	day ofJa	пиату	2012
		•				<u> </u>	
ATTEST ,	سد وما			W	ESTERN S	URE 79 C	OMPANY
	J. Re	l	. /		ナノフ	18.1	(1
	1) · 100		ssistant Secretary	Ву	، ر - حبی ر	Paul T Brook B	enior Vice President
	-	L. Neson, A	seratatii caciaray				gibitings
	•	•		-		A BELLIE	URETY
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		`					SENV 3
STATE OF SO	UTH DAKOTA	\ \$\$		•		E 12	
COUNTY OF M	MINNEHAHA	§ 33	·			lotary Public, pe	DAK OTHER
On this	30 da	v of	January	2012	, before me, a N	j Jotary Rubilo, pe	reonally appeared
	Paul T. I				L. Nelso	n '	
who, being by r	ne duly swom,	acknowledg	ged that they sig	ned the above	Power of Altomey		ce President
				ERN SURETY	COMPANY, and	aoknowiedged 1	sald instrument to
be the voluntar						į	
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	mission Expire			•		!	