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**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAR 17 A 11:43

CITY CLERK'S OFFICE  
SOMERVILLE, MA

### Application to Renew Drain Layer License

**M. T. Mayo Corp.**  
**P.O. Box 3054**  
**Woburn MA 01888**

**License #:** BL15-001150  
**File #:** 15-005711  
**Fee:** 275

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
<b>Business/DBA Name:</b> M. T. Mayo Corp. <b>Business Location:</b> 27 Bearhill RD <b>Business Phone:</b> 781-858-7031	
<b>License Holder:</b> M. T. Mayo Corp. P.O. Box 3054 Woburn MA 01888	
<b>Mailing Address:</b> M. T. Mayo Corp. P.O. Box 3054 Woburn MA 01888	
<b>Business Type:</b> Corporation Matthew T. Mayo Matthew T. Mayo Matthew T. Mayo	
<b>FID:</b> 270586768	
<b>Emergency Contact:</b> Matt Mayo <b>Phone:</b> 781-858-7031	

**Conditions:** (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. **In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.**

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and

LICENSE OR PERMIT BOND

BOND NO. S-839762

KNOW ALL MEN BY THESE PRESENTS THAT WE,

M.T. Mayo Corporation of

PO BOX 3054 Woburn MA 01888-1854 as Principal, and

NGM Insurance Company, a Florida corporation with its principal

office at 4601 Touchton Rd East Ste 3400 Jacksonville, FL 32245-6000, as Surety,

are held and firmly bound unto

City of Somerville Engineering Dept.

in the sum of Ten Thousand and 00/100 Dollars

(\$ 10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from the Obligee for Drain Layers Bond

at Somerville, MA for the term commencing on the 26th day of

May, 2015 and ending on the 26th day of May, 2016.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms, conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon. Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 26th day of May, 2015.

M.T. Mayo Corporation

By   
Matthew Mayo

NGM Insurance Company

By   
Michael P. Scotti Attorney-in-Fact

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: MT Mayo Corp.  
Address: 27 Bear Hill Rd  
City: Stoneham State: MA Zip: 02180 Phone #: 781-858-7031  
 I am an employer with 6-7 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: Atlantic Charter  
Address: 25 New Chardon Street  
City: Boston State: MA Zip: 02114 Phone #: 617-488-6500  
Policy #: WC100938805 Expiration Date: 11/30/16

**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: 2/21/16  
Print Name: Matt T. Mayo

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 \_\_\_\_\_