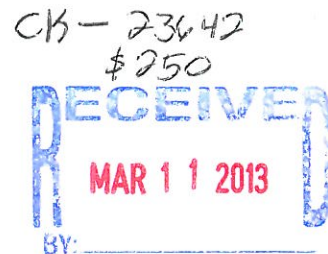




**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600



APPLICATION TO RENEW DRAIN LAYER LICENSE

L.M. HEAVY CIVIL CONSTRUCTION LLC
10 COMMERCE WAY
WESTFORD, MA 01886

License #: 685

Fee: 250.00

Account ID: 568

Reference #: 685

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: For L.M. HEAVY CIVIL CONSTRUCTION LLC Business Location: OUT OF AREA Business Phone: 978-692-1901	
License Holder: L.M. HEAVY CIVIL CONSTRUCTION LLC 10 COMMERCE WAY WESTFORD, MA 01886 978-692-1901	<i>Lm Heavy Civil Construction LLC</i> <i>100 Hancock St</i> <i>Quincy MA 02171</i> <i>617-845-8000</i>
Mailing Address: L.M. HEAVY CIVIL CONSTRUCTION LLC WESTFORD, MA 01886	<i>Lm Heavy Civil Construction LLC</i> <i>100 Hancock St</i> <i>Quincy MA 02171</i>
Business Type: CORPORATION (INC. LLC) SECRETARY - JOHN PASTORE PRESIDENT - MICHELE MASSARI	<i>Secretary - Thomas Le</i>
FID: 204522225	
Food Manager/Emergency Contact: STEVE HARRINGTON 978-589-1648	<i>Steve Harrington 617-845-8006</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: *Steve Harrington*

Date: *3/18/2013*

Print Name: *Steve Harrington*

Phone: *617-845-8006*

CONTINUATION
CERTIFICATE

Fidelity and Deposit Company of Maryland

, Surety upon

a certain Bond No. LPM8961793

dated effective June 22, 2010
(MONTH-DAY-YEAR)

on behalf of LM Heavy Civil Construction LLC
(PRINCIPAL)

and in favor of Town of Somerville
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on June 22, 2012
(MONTH-DAY-YEAR)

and ending on June 22, 2013
(MONTH-DAY-YEAR)

Amount of bond \$10,000.00

Description of bond Drain Layer

Premium: \$100.00

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on April 12, 2012
(MONTH-DAY-YEAR)

Fidelity and Deposit Company of Maryland

By Victoria P. Parkerson, 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: Lm Heavy Civil Construct LLC
Address: 100 Hancock St
City: Quincy State: MA Zip: 02171 Phone #: 617-845-8000

- ☒ I am an employer with 100 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
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other CONSTRUCTION

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers
Address: ONE Tower Square
City: Hartford State: CT Zip: 06183 Phone #: _____
Policy #: 977K855-8-12 Expiration Date: 4-24-13

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: 3/18/2013

Print Name: Steve Harrington

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 _____