



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

A.P. FLOWERS & SON LLC
29 JAMES ST
WOBURN, MA 01801

License #: 668

Fee: 250.00

Account ID: 551

Reference #: 668

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: A.P. FLOWERS & SON LLC Business Location: OUT OF AREA Business Phone: 781-935-9367 | 2014 MAR 10 P 1:41 CITY CLERK'S OFFICE SOMERVILLE, MA |
| License Holder: A.P. FLOWERS & SON LLC 29 JAMES ST WOBURN, MA 01801 781-935-9367 | |
| Mailing Address: A.P. FLOWERS & SON LLC 29 JAMES ST WOBURN, MA 01801 | |
| Business Type: CORPORATION (INC. LLC) PRESIDENT - ANTHONY FLOWERS TREASURER - ANTHONY FLOWERS SECRETARY - DOREEN FLOWERS | <i>Secretary - Doreen Flowers (Also, Manager)</i> |
| FID: 262190382 | |
| Food Manager/Emergency Contact: ANTHONY FLOWERS 781-640-6066 | |

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: Anthony P. Flowers MGR. Date 3/8/2014
Print Name: Anthony P. Flowers, Mgr. Phone 781-935-9367



I will send the renewal once it becomes available.

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 25285380 briefly described as DRAINLAYER CITY OF SOMERVILLE

for A. P. FLOWERS & SON, LLC

_____, as Principal,

in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 17, 2013, and ending April 17, 2014, 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 Western 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 this 07 day of March, 2013.



WESTERN SURETY COMPANY

By Paul T. Bruzlat
Paul T. Bruzlat, Vice President

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

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: A.P. Flowers + Son, LLC

Address: 29 James St.

City: Woburn

State: MA

Zip: 01801 Phone #: 781-935-9367

- I am an employer with 3 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 Excavating Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers

Address: 150 Baldwin St. Suite A

City: Elmira

State: NY

Zip: 14901 Phone #: 888-661-3938

Policy #: IEUB-4994NGO-9-13

Expiration Date: 6/10/2014

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: Anthony P. Flowers MGR.

Date: 3/8/2014

Print Name: Anthony P. Flowers, mgr.

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
 Selectmen's Office
 Other _____

Contact Person: _____ Phone #: _____