

IMPORTANT

#545
REF 652

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: #191276
Business Name: Roto Rooter Services
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

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|--|
| The DBA Name of the Business: <u>Nurotoco of MA d.b.a. Roto-Rooter</u> |
| Somerville Address and Zip Code: _____ |
| Phone Number of the Business: <u>781-297-7049</u> |

| |
|--|
| The Legal Name of the License Holder: <u>Roto-Rooter Services Company</u> |
| Street Address of the License Holder: <u>175 maple Street</u> |
| City, State and Zip Code of the License Holder: <u>Stoughton MA, 02072</u> |
| Phone Number of the License Holder: <u>781-297-7049</u> |
| Email Address of the License Holder: <u>Jennifer.wetherell@rrsc.com</u> |

| |
|--|
| Where We Should Send Mail: Name: <u>Roto-Rooter Services</u> |
| Street Address: <u>175 maple St.</u> |
| City, State and Zip Code: <u>Stoughton MA, 02072</u> |
| Email: <u>Jennifer.wetherell@rrsc.com</u> |
| Phone Number: <u>781-297-7049</u> |

| |
|--|
| Federal ID # (Do Not Give a Social Security #): <u>311102223</u> |
|--|

| |
|---|
| Emergency Contact and Phone (For Fire Dept. Use): <u>781-297-7049</u> |
|---|

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

 Sole Proprietor: Name of Owner: _____

 Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

 Trust: Names of All Trustees Who Own More Than 10%: _____

 Corporation (inc. LLC): Name of President: _____

Name of Secretary: _____

Name of Treasurer: _____

 Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: _____

Date _____

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: Nurotoca of MA, d.b.a Photo-Router Services

Address: 175 Maple Street

City: Stoughton State: MA Zip: 02072 Phone #: 781-297-7049

- I am an employer with 70 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 Plumbing Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Marsh USA

Address: 525 Vine Street, Suite 1100

City: Cincinnati State: OH Zip: 45202 Phone #: 513-762-6090

Policy #: WC-9379366-07 Expiration Date: 4-7-2012

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: Jennifer Wetherell Date: 3-28-2012

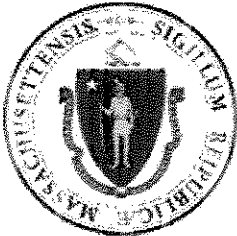
Print Name: Jennifer Wetherell

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 #: _____



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

NUROTOCO OF MASSACHUSETTS, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: NUROTOCO OF MASSACHUSETTS, INC.

Entity Type: Domestic Profit Corporation

Identification Number: 311102223

Old Federal Employer Identification Number (Old FEIN): 000208878

Date of Organization in Massachusetts: Jun 21 1984

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 01 / 01

The location of its principal office:

No. and Street: 175 MAPLE ST.
City or Town: STOUGHTON State: MA Zip: 02072 Country: USA

if the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

Name and address of the Registered Agent:

Name: C T CORPORATION SYSTEM
No. and Street: 155 FEDERAL STREET
STE 700
City or Town: BOSTON State: MA Zip: 02110 Country: USA

The officers and all of the directors of the corporation:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code | Expiration of Term |
|---------------------|--|---|-----------------------|
| PRESIDENT | DANIEL HUNTRESS | 6 BENNETT ST. TAUNTON, MA 02780 USA | N |
| TREASURER | MARK W. STEPHENS | 255 EAST 5TH STREET CINCINNATI, OH 45202 USA | |
| SECRETARY | KEITH VADAS | 6 ISLAND FARM RD. CARVER, MA 02330 USA | N |
| ASSISTANT SECRETARY | NAOMI C. DALLOB | 255 EAST 5TH STREET CINCINNATI, OH 45202 USA | |