

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/11-MS  
Amount Paid \$250.00 chk 6584

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

**P.T. KELLEY, INC.**

**65 OTIS ST.**

Applicant's Legal Name: SOMERVILLE, MA 02145 Phone: 617-625-5100

Applicant's Address (with Zip Code):

Applicant's Email Address: PTKelleyInc@AOL.COM

Applicant's Federal Employer Identification Number: 04-3031752

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: Steve Kelley Phone: 617-930-4943

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Stephen M. Kelley

Address with Zip Code: 65 OTIS ST Somerville, MA 02145

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

2011 APR - 1 A 11:06  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

Attach a Drain Layers Bond in the amount of \$10,000.

### ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: Stephen M. Kelley Date: 03/16/2011  
Print Name: Stephen M. Kelley Phone: 617-930-4943

### FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

### ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied  
Signature: [Signature] Date: 3/30/11



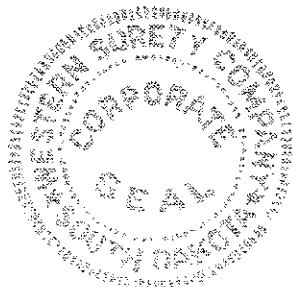
# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 60760052 briefly described as DRAIN LAYER CITY OF SOMERVILLE,  
for P.T. KELLEY, INC., as Principal,  
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 01, 2011, and ending May 01, 2012, 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 16 day of March, 2011.



WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

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

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*P. T. Kelley Inc*

\*Signature of Individual or Corporate Name (Mandatory)

*Stephen M. Kelley President*

By: Corporate Officer (Mandatory, if a corporation)

*04-3031752*

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: P.T. Kelley Inc

Address of taxpayer/applicant's business in Somerville: 65 OTIS ST

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-625-5100 evening: 617-930-4943

I, (print name) Stephen M. Kelley, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 16th day of March, 2011. Stephen M. Kelley  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 01614100 # 116072001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED  
UB

4-1-11

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: P.T. KELLEY, INC.  
Address: 65 OTIS ST.  
SOMERVILLE, MA 02145  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

☐ I am an employer with 4 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 General Contractor

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Technology Insurance Co  
Address: P.O. Box 105010  
City: Atlanta State: GA Zip: 30348 Phone #: \_\_\_\_\_  
Policy #: TWC 323167900 Expiration Date: 2/1/2012

**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: Stephen M. Kelley Date: 3/16/2011  
Print Name: Stephen M. Kelley

*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 \_\_\_\_\_