



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

CK-11898  
\$250

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**JOHN W. DENAPOLI INC**  
9 REED ST  
ARLINGTON, MA 02474

License #: 697

Fee: 250.00

Account ID: 580

Reference #: 697

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 <b>J.W. DENAPOLI INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>781-643-4700</b>	
License Holder: <b>JOHN W. DENAPOLI INC</b> <b>9 REED ST</b> <b>ARLINGTON, MA 02474</b> <b>781-643-4700</b>	
Mailing Address: <b>JOHN W. DENAPOLI INC</b> <b>ARLINGTON, MA 02474</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JOHN DENAPOLI</b> <b>TREASURER - JOHN DENAPOLI</b>	
FID: <b>043362818</b>	
Food Manager/Emergency Contact: <b>JOHN DENAPOLI</b> <b>617-839-3860</b>	

2013 APR 24 P 1:07  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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: John Denapoli Date: 4/19/13  
Print Name: John Denapoli Phone: 781-643-4700



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653  
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843  
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

### Continuation Certificate

To: City of Somerville  
93 Highland Avenue  
Somerville, MA 02143

Date: April 22, 2013

#### BOND INFORMATION:

Principal/Named Insured: John W. Denapoli, Inc.  
Address: 9 Reed Street  
City/State/Zip: Arlington, MA 02474

Bond Number: BLN 1719404  
Type of Bond: Drainlayer's Bond  
Bond Amount: \$10,000.00  
Premium: \$100.00  
Continuation Eff. Date: May 6, 2013  
Continuation Exp. Date: May 6, 2014

It is hereby agreed that the captioned policy is continued in force for the policy period shown above.

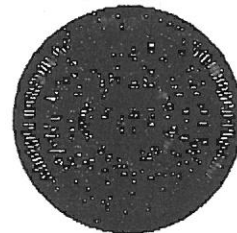
This continuation shall be deemed a part of the original policy and not a new obligation, no matter how long the policy has been in force or how many premiums are paid for the policy, unless otherwise provided for by statute or applicable regulation.

In witness whereof, the company has caused this instrument to be duly signed, and dated as of the above "Continuation Eff. Date".

By: 

Cc: Agency Name: Deland, Gibson, Ins. Associates, Inc.  
Address: 36 Washington Street  
City/State/Zip: Wellesley, MA 02481

Agency Code: 3201091



**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: J. W. DeNapoli, INC.  
Address: 9 Reed Street  
City: ARLINGTON State: MA Zip: 02474 Phone #: 781-643-4700  
☒ 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 \_\_\_\_\_

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

Insurance Company Name: CNA TNSURANCE  
Address: P.O. BOX 382033  
City: Pittsburgh State: PA Zip: 15250 Phone #: 877-276-7507  
Policy #: 2025064461 Expiration Date: 3/15/2014

**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: John DeNapoli Date: 4/19/13

Print Name: John DeNapoli

*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 \_\_\_\_\_