



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

2014 MAR -6 P 2:27

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW DRAIN LAYER LICENSE**

License #: 682

A. SUFFOLK WATER AND SEWER INC
104 PINE ST
WALTHAM, MA 02453

Fee: 250.00

Account ID: 565

Reference #: 682

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: SUFFOLK ENGINEERING INC Business Location: OUT OF AREA Business Phone: 781-893-9696	
License Holder: A. SUFFOLK WATER AND SEWER INC 104 PINE ST WALTHAM, MA 02453 781-893-9696	
Mailing Address: A. SUFFOLK WATER AND SEWER INC 104 PINE ST WALTHAM, MA 02453	
Business Type: CORPORATION (INC. LLC) PRESIDENT - LINDA PICCIRILLI SECRETARY - LINDA PICCIRILLI TREASURER - LINDA PICCIRILLI	
FID: 043282065	
Food Manager/Emergency Contact: ADAM PICCIRILLI 617-593-4004	<i>+Mike Piccirilli: 781 858-0754</i> <i>858 0754</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: *Linda Piccirilli* Date: 3/4/14
Print Name: Linda Piccirilli Phone: 781 893-9696



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 22933106 briefly described as DRAIN-LAYER CITY OF SOMERVILLE

for A. SUFFOLK WATER & SEWER DBA SUFFOLK ENGINEERING, INC., as Principal,

in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 20, 2013, and ending May 20, 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 16 day of April, 2013.



WESTERN SURETY COMPANY

By Paul T. Bruflatt
Paul T. Bruflatt, 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. SoftSolk Water + Sewer dba SoftSolk Engineering Inc.
 Address: 104 Pine St.
 City: Waltham State: MA Zip: 02453 Phone #: 7818939696

- I am an employer with _____ 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 Const. Site

Workers' compensation insurance information (if applicable):

Insurance Company Name: Selective Ins. Group.
 Address: 233 West Central St.
 City: Natick State: MA Zip: 01760 Phone #: 508620-3481
 Policy #: WC 7264244 Expiration Date: 1/29/15

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: Linda Piccirilli Date: 3/4/14
 Print Name: Linda Piccirilli

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 _____