

CK-41754
\$250



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

J. MARCHESE AND SONS INC
69 NORMAN ST
EVERETT, MA 02149

License #: 658
Fee: 250.00
Account ID: 541
Reference #: 658

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 J. MARCHESE AND SONS INC Business Location: OUT OF AREA Business Phone: 617-389-4040	2013 APR 29 P 1:07 CITY CLERK'S OFFICE SOMERVILLE, MA
License Holder: J. MARCHESE AND SONS INC 69 NORMAN ST EVERETT, MA 02149 617-389-4040	
Mailing Address: J. MARCHESE AND SONS INC EVERETT, MA 02149	
Business Type: CORPORATION (INC. LLC)	John J. Marchese, President Elizabeth Marchese, Clerk John J. Marchese, Treasurer
FID: 042759455	
Food Manager/Emergency Contact:	

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 J. Marchese* Date: 4/4/13
Print Name: John J. Marchese Phone: 617-389-4040

Continuation Certificate

The Hartford Insurance Group

The Hartford Casualty Insurance Co.

(hereinafter called the Company)

Hereby continues in force its Bond No. 08BSBAQ6138

In the sum of Ten Thousand Dollars,

on Behalf of J. Marchese & Sons, Inc.

in favor of City of Somerville Department of Public Works 1 Franey Road, 1st floor, Somerville, MA 02145

for the (extended) term beginning 04/27/2013 and ending on 04/27/2014

subject to the covenants and conditions of said Bond, said bond and this and all continuations thereof being one continuous contract.

This Continuation is executed upon express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of Ten Thousand Dollars.

IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed on 4/27/2013

By: 
Laurence R. Hall, Attorney-in-Fact

Attest:

Marie Fowler

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. MARCHESE & SONS, INC.
 Address: 69 NORMAN STREET
 City: EVERETT State: MA Zip: 02149 Phone #: 617-389-4040

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other _____ |
|---|--|

Workers' compensation insurance information (if applicable):

Insurance Company Name: STAR INSURANCE COMPANY
 Address: PO BOX 31130
 City: TAMPA State: FL Zip: 33631-3130 Phone #: _____
 Policy #: WC0782504 00 Expiration Date: 4/1/2014

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: _____ Date: _____

Print Name: _____

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 _____

(revised Jan. 2008)