

APPLICATION FOR DRAIN LAYING

2011 FEB 24 A 11: 25

Application Fee \$250.00

Date 2/10/11

CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 2/24/11

Amount Paid \$250-

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: S.G.T. Excavation Co. Inc. Phone: 781 844 1039

Business DBA Name (if applicable): _____

Address with Zip Code: 210 Concord Rd. Chelmsford Ma 01824

Tax Identification Number: 04-3480000 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Same

Address with Zip Code: Same

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Steven Thomas Phone: 781 844 1039

Emergency Contact 2: Gabe Federico Phone: 781 589 1118

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: STEVEN THOMAS

Address with Zip Code: ABOVE

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

Address with Zip Code: _____

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

Address with Zip Code: _____

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: Steven G. Thomas Date: 2/16/11
Print Name: Steven G. Thomas Phone: 781 844 1039

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature: [Signature] Date: 02-18-11

CERTIFICATE OF CORPORATE AUTHORITY

I, Steven G. Thomas, Clerk of
Name of Clerk or Secretary
S.G.T. Excavation Co Inc, hereby certify that,
Name of Corporation
 at a meeting of the Board of Directors of said Corporation duly held on the 16 day of
Date
Feb., 2011, at which a quorum was present and voting throughout, the following
Month Year
 vote was duly passed and is now in full force and effect:

VOTED: That Steven G. Thomas be and
Name of Officer authorized to sign for the Corporation
 hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to
 sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and
 other obligations of the Corporation, the execution of any such contract, bond or obligation by
 such Steven G. Thomas to be valid
Name of Officer authorized to sign for the Corporation
 and binding upon this Corporation for all purposes. This vote remains in full force and effect,
 and
 has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Steven G. Thomas
Name of Officer authorized to sign for the Corporation
 is the duly elected President of said Corporation.
Title

Signed Steven G. Thomas
Clerk of Secretary
 Place of Business 210 Concord Rd Chesapeake, Md 01824
 Date 2/16/11

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to
 sign that contract, bond or other instrument for the Corporation, this certificate must be counter-
 signed by another Officer of the Corporation.

Countersigned _____
 Name & Title of Countersigning Officer _____

**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.

SGT Excavation Co Inc.
*Signature of Individual or Corporate Name (Mandatory)

Steven J. Thomas
By: Corporate Officer (Mandatory, if a corporation)

04-3480000
**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.

**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: SGT Excavation Co. Inc. - Steven G. Thomas

Address: 210 Concord Rd

City: Chelmsford MA State: Ma. Zip: 01824 Phone #: 781 844 1039

- I am an employer with 2 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: Excavation

Workers' compensation insurance information (if applicable):

Insurance Company Name: Continental Indemnity Co.

Address: 10825 Old Mill Road

City: Omaha State: NE Zip: 68154 Phone #: 877 234 4420

Policy #: 46-820426-01-02 Expiration Date: 11/11/11?

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: Steven G. Thomas Date: 2/16/11

Print Name: Steven G. Thomas

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 #: _____