

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 10/21/13

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 10/23/13
Amount Paid \$250

- [X] New Application
[ ] Renewing Application with Additions or Changes
[ ] Renewing Application with NO Additions or Changes

Business Name: Linskey Construction Inc Phone: 978 744 2700

Business DBA Name (if applicable):

Address with Zip Code: 47 Jefferson Ave Salem MA 01970

Tax Identification Number: 04 27 35 658 Check one: [ ] SSN [X] FEIN

Mailing Name (where we should send correspondence to): Linskey Construction Inc

Address with Zip Code: 47 Jefferson Ave Salem MA 01970

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Bill Linskey Phone: 978 375 5601

Emergency Contact 2: Terry Dennehy Phone: 978 880-2054

Type of Business (Check one): [ ] Sole Proprietor [ ] Partnership (inc. LLP) [ ] Trust
[X] 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: William Linskey

Address with Zip Code: 47 Jefferson Ave Salem MA 01970

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

Address with Zip Code:

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

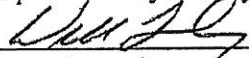
Address with Zip Code:

CITY CLERK'S OFFICE
OCT 23 12:24

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**

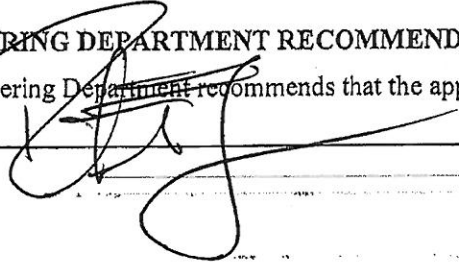
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in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

Signature of Applicant:  Date: 10/21/13  
Print Name: William Linskey Phone: 978 744 2700

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied

Signature  Date 10.24.13

LICENSE OR PERMIT BOND

BOND NO. S-827361

KNOW ALL MEN BY THESE PRESENTS THAT WE,

Linskey Construction Inc of
47 Jefferson Ave Salem MA 01970 as Principal, and
NGM Insurance Company, a Florida corporation with its principal
office at 4601 Touchton Rd East Ste 3400 Jacksonville, FL 32245-6000, as Surety,
are held and firmly bound unto
City of Somerville

in the sum of Ten Thousand and 00/100 Dollars

(\$ 10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our
personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from
the Obligee for Drainlayer License
at Somerville, MA for the term commencing on the 22nd day of
October, 2013 and ending on the 22nd day of October, 2014.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and
all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this
obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond
shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms,
conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to
the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon.
Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of
claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 22nd day of October, 2013.

Linskey Construction Inc

By [Signature]

NGM Insurance Company

By Kathleen McCurdy Attorney-in-Fact



KNOW ALL MEN BY THESE PRESENTS: That the NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Kathleen McCurdy its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed bond number S-827361 dated October 22, 2013 , on behalf of \*\*\*\* Linskey Construction Inc \*\*\*\* in favor of City of Somerville for Ten Thousand and 00/100 Dollars (\$ 10,000.00 ) and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of the NGM Insurance Company; this act of said Attorney is hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Assistant Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 3rd day of January, 2012

NGM INSURANCE COMPANY By:

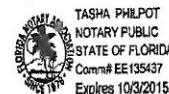
Bruce Fox  
Assistant Vice President, General Counsel and Secretary



State of Florida,  
County of Duval

On this 3rd day of January, 2012 before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Bruce Fox of the NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me fully sworn, deposed and said that he is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal at Jacksonville, Florida this 3rd day of January, 2012



I, Brian J Beggs, Vice President of the NGM Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by said Company which is still in force and effect. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 22 day of October , 2013



WARNING: Any unauthorized reproduction or alteration of this document is prohibited.

TO CONFIRM VALIDITY of the attached bond please call 1-603-358-1343.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Dept. or call our Bond Claim Dept. at 1-603-358-1229.

**CERTIFICATE OF CORPORATE AUTHORITY**

I, William Linskey, Clerk of  
Name of Clerk or Secretary

Linskey Construction hereby certify that,  
Name of Corporation

at a meeting of the Board of Directors of said Corporation duly held on the 21 day of  
Date  
October, 2013, 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 William Linskey 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 William Linskey 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 William Linskey  
Name of Officer authorized to sign for the Corporation

is the duly elected President of said Corporation.  
Title

Signed William Linskey  
Clerk or Secretary

Place of Business 47 Jefferson Ave Salem MA 01970

Date 10/21/13

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 countersigned by another Officer of the Corporation.

Countersigned William Linskey

Name & Title of Countersigning Officer Treasurer

**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.

Linskey Construction Inc

\*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

04 27 35658

\*\*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: Linskey Construction  
Address: 47 Jefferson Ave  
City: Salem State: MA Zip: 02143 Phone #: 978-744-2700

- I am an employer with 20+ 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: AEIC  
Address: 54 Third Ave  
City: Burlington State: MA Zip: 01803 Phone #: 508-786-9474  
Policy #: WCC-500501158620125 Expiration Date: 12/4/13

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: [Signature] Date: 10/22/13  
Print Name: William Linskey

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 \_\_\_\_\_