Paul Moke M.d

## **IMPORTANT**



# Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please <u>fill out all six boxes below</u> with the correct information so we can update our records, and <u>return all of the pages with your fee</u> to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer		
License Number: #192153	1	
Business Name: J. Derenzo Co	2	2
Location: N/A	SZ.	~
Special Conditions (if any):	ĒΩ.	
Renewal Fee (Return with this application): \$250 PLEASE FILL IN ALL SIX BOXES BELOW:	ERK'S OFFIC	-2 P   5
The DBA Name of the Business:	m	3
Somerville Address and Zip Code:		
Phone Number of the Business:		
The Legal Name of the License Holder: J. Dorento Co.		
Street Address of the License Holder: 338 Howard St.		*
City, State and Zip Code of the License Holder: Book to, MA	023	02
Phone Number of the License Holder: 508 - 427-6441	<u> </u>	
Email Address of the License Holder:		
	:	
Where We Should Send Mail: Name:		
Street Address: "Same as above"		
City, State and Zip Code:		
Email:		
Phone Number:		
Federal ID # (Do Not Give a Social Security #): 04-2077274		
Tederar ID# (Do Not Give a Social Security#).		
Emergency Contact and Phone (For Fire Dept. Use): Hothony LoCant	و	
-OVER- 0 6(7-2)	12-43	517

<u>,</u>				
Type of Business (Check Onl	ly One and Give the Names	Indicated):		
Sole Proprietor: Name of	Owner:			
Partnership (inc. LLP): N	Vames of All Partners Who	Own More Than 109	%:	
			<u>'</u>	
Trust: Names of All Trus	stees Who Own More Than	10%:		
Corporation (inc. LLC): 1	Name of President:	ind How-	0.	
Name of Secretary:	Anthony C	LoCont		
		201		-
•	Shirry e. 1	N ( DAIL		
Other (Attach a Descripti	ion of the Form of Ownersh	ip and the Names o	(Owners)	
Section 2	•			
A THE CASE AND CASE AND	T 7	altica of navin	ery that the following	ic truo
ACKNOWLEDGEMENT: -All information shown about		e penames of perju	ty that the lonowing	is tiut.
-Any changes above are sub	ject to the approval of the	Somerville Board	of Aldermen.	
-I have filed all State tax ret	turns and paid all State tax	tes required by lav	for this business.	
	A. The same of the		W Wal	2417
License Holder Signature:	The second second		Date $\frac{9/9}{c}$	101 a
(1)			A.C.	

# 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. Hevenzo Co Address: 338 Howard Street
(a) 11. 11n - 102-421-64
City: Brock ton State: MA ZipO2702 Phone #: 508-901-69
I am an employer with employees Business Type:  (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.  Retail  Restaurant/Bar/Eating Establishment  Office and/or Sales (real estate, auto, etc.)  Nonprofit  Entertainment  Manufacturing  Health Care  Other  Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: Old Republic General Insurance Corp.
Address: C/o Diiscoll Agency 93 Congrue & Circle 681
City: Norwell State: MA Zip: 0306/ Phone #: 78/- 4876-6656
Policy #: A2CW02711200 Expiration Date: 3/1/13
Applicant certification:
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal r to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WOR' fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office the DIA for coverage verification.
I do hereby certify under the pains and penalties of perjury that the information provided .t.
Print Name: Athony C. Lo Contu
Official use only. Do not write in this area. To be completed by city or town official.
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
☐ City/Town Ĉlerk ☐ Licensing Board
Contact Person: Phone #: Selectmen's Office Other Other

# LICENSE OR PERMIT BOND

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Bond 1040396 LICENSE OR PERMIT BOND KNOW ALL BY THESE PRESENTS, That we, \_\_\_ J. Derenzo Co. 338 Howard Street , Brockton MA02302 as Principal, and the **Arch Insurance Company** Missouri corporation, as Surety, are held and firmly bound unto City of Somerville, 93 Highland Avenue, Somerville MA 02143 , as Obligee, in the sum of TEN THOUSAND AND NO/100THS Dollars (: \$10.000.00 for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. Signed and sealed this <u>1st</u> day of <u>April</u>, 2012 THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Somerville Drainlayer Permit by the Obligee. NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect. PROVIDED, HOWEVER; 1. This bond shall continue in force: Until\_ \_\_\_\_\_, or until the date of expiration of any Continuation Certificate executed by the Surety **OR** Until canceled as herein provided. 2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal. J. Derenzo Co. Principal **Arch Insurance Company** 

In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 23<sup>rd</sup> day of November, 2011.

CORPORATE SEAL 1971

I ISSOUT

Attested and Certified

Arch Insurance Company

David M. Finkelstein, Executive Vice President

\_

Vilsen, Secretary

STATE OF PENNSYLVANIA SS

COUNTY OF PHILADELPHIA SS

I, Kathleen Marcinkus, a Notary Public, do hereby certify that Martin J. Nilsen and David M. Finkelstein personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

KATHLEEN MARCINKUS, Notary Public
City of Philedelphia, Philes County
My Commission Expires March 14, 2014

Kathleen Marcinkus, Notary Public My commission expires 03/14/2014

#### CERTIFICATION

I, Martin J. Nilsen, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated November 23, 2011 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said David M. Finkelstein, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 15th day of 10011, 2012.

Martin J. Nilsen, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

### PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance – Surety Division 3 Parkway, Suite 1500 Philadelphia, PA 19102

