



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

NELM CORP
5 PARK AVE
CARVER, MA 02330

License #: **679**
Fee: **250.00**
Account ID: **562**
Reference #: **679**

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: NELM CORP Business Location: OUT OF AREA Business Phone: 508-866-2133	
License Holder: NELM CORP 5 PARK AVE CARVER, MA 02330 508-866-2133	
Mailing Address: NELM CORP 5 PARK AVE CARVER, MA 02330	
Business Type: CORPORATION (INC. LLC)	
FID: 273040632	
Food Manager/Emergency Contact: RAYMOND DELMONICO 508-866-2133	

2014 APR -11 A 11:51
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

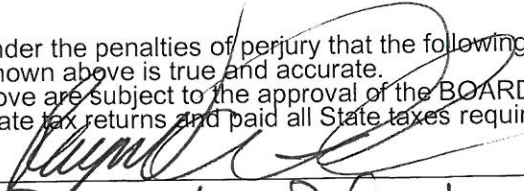
Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

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:  Date: 4/11/14
 Print Name: Raymond C. Delmonico Phone: 508 866 2133

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 fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #191115
Business Name: NELM Corp
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business: _____
Somerville Address and Zip Code: _____
Phone Number of the Business: _____

The Legal Name of the License Holder: <u>NELM Corp.</u>
Street Address of the License Holder: <u>5 Park Ave</u>
City, State and Zip Code of the License Holder: <u>CARVER, MA 02330</u>
Phone Number of the License Holder: <u>508 866 2133</u>
Email Address of the License Holder: <u>RE@NELM Corp. COM</u>

Where We Should Send Mail: Name: <u>SAUL</u>
Street Address: _____
City, State and Zip Code: _____
Email: _____
Phone Number: _____

Federal ID # (Do Not Give a Social Security #): <u>27 8040632</u>

Emergency Contact and Phone (For Fire Dept. Use): <u>617-593-8800</u>

-OVER-



Western Surety Company

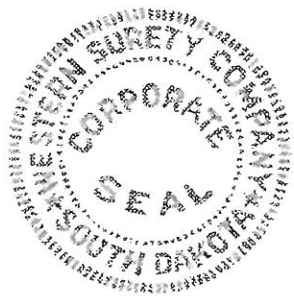
CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71005197 briefly described as DRAINLAYER CITY OF SOMERVILLE for NELM CORP., as Principal, in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 03, 2013, and ending October 03, 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 25 day of July, 2013.

WESTERN SURETY COMPANY
By Paul T. Bruhat
Paul T. Bruhat, 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: NELM Corp.
Address: 5 Park Ave
City: CARVER State: MA Zip: 02330 Phone #: 508 866 2133

- 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 Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Peerless Ins. Co / WMF Bonhet Ins Ag.
Address: 311 Plymouth St.
City: NALIFAX State: MA Zip: 02338 Phone #: 781 293 6331
Policy #: WC 37649 00 Expiration Date: 6/15/14

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: 4/1/14
Print Name: Raymond C. Delmonico

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 _____