IMPORTANT

569 EE 686

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: #191501 Business Name: Your Space Landscape and Construction Inc Location: N/A Special Conditions (if any):	707 MAR 30			
Renewal Fee (Return with this application): \$250	To T			
PLEASE FILL IN ALL SIX BOXES BELOW:				
The DBA Name of the Business: Your Space Landscape + Const., Inc.				
Somerville Address and Zip Code: 2 Blanchard Rd. Burlington, MA	01803			
Phone Number of the Business: 781 273 - 1950				
Priorie Number of the Business.				
The Legal Name of the License Holder: Steven L. Pepe Street Address of the License Holder: 20 Emerson Rd. City, State and Zip Code of the License Holder: Water town MA 0247 Phone Number of the License Holder: 617839 1557 Email Address of the License Holder: Spepe Yspace inc. Com	2			
Where We Should Send Mail: Name: Steven Pepe Your Space Street Address: 2 Blanchard Rd.	•			
City, State and Zip Code: Burlington. MA 01803				
Email: Spepe @ yspace inc. com				
Phone Number: 781 273 1950				
Federal ID # (Do Not Give a Social Security #): 042 879 362				
Emergency Contact and Phone (For Fire Dept. Use): 617 839 /557	Steve Pepe			

Type of Business (Check On	y One and Give the Names Indicated):
Sole Proprietor: Name of	Owner:
Partnership (inc. LLP): N	ames of All Partners Who Own More Than 10%:
Trust: Names of All Trust	tees Who Own More Than 10%:
✓ Corporation (inc. LLC): 1	Name of President: STEVEN L. PEPE
Name of Secretary:	honne M. Pepe
Name of Treasurer: STE	VEN L. PEPE
Other (Attach a Descripti	on of the Form of Ownership and the Names of Owners)
-All information shown above	I hereby certify under the penalties of perjury that the following is true: we is true and accurate.
-Any changes above are sub	ject to the approval of the Somerville Board of Aldermen. urns and paid all State taxes required by law for this business.
-Any changes above are sub	urns and paid all State taxes required by law for this business. Date 3 28 12
-Any changes above are sub -I have filed all State tax ret	urns and paid all State taxes required by law for this business.

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: jandseane & Construction	n inc.					
Address: 2 BLANCHARD ROAI BURLINGTON, MA UT					781	273 1950
City:	State:		Zip:	Phone #:	100	
I am an employer with // employer with /	p and have no sised our right of e no employees. affed by	ness Type:	Office a Nonpro Enterta Manufa Health	inment icturing	Establish al estate,	ment auto, etc.)
Workers' compensation insurance in	nformation (if applic	cable):				
Insurance Company Name: Utra	Natural I	irs.				· ·
Address:					/ 10	777 678
City:	State:		Zip:	Phone #:	6//	117 720
Policy #: 4519337				Expiratio	n Date:	773 920 3/6/13
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 an	d penalties of perjury	that the info	ormation pro	vided above isDate:	true and	correct.
Signature:				Date:	1	
Print Name:	TEVEN L PEP				M	
	W. The state of th					
Official use only. Do not write in this area. To be completed by city or town official.						
City or Town: Contact Person:					Boan Buil City	rd of Health ding Department Town Clerk nsing Board
Contact Person:	Phone #:				_ 🗌 Othe	ctmen's Office r

(revised Jan. 2008)



CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force	Bond No briefly
described as DRAINLAYER CITY OF SOMERVILLE	
	The second secon
for YOUR SPACE LANDSCAPE & CONSTRUCTION, INC	A
	, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100	Dollars, for the term beginning
May 13 ,, and ending	
the covenants and conditions of the original bond refer	red to above.
This continuation is issued upon the express condunder said Bond and this and all continuations thereof	lition that the liability of Western Surety Company
the total sum above written.	Shan hat be confidence and shan at he event exceed
Dated this 10 day of February,	2012
	By Paul T. Bruflat, Section Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

NEW WASTERN SURETY COMPANY V CHE OF AMERICANS DIDEXT HONDIN

Form 90-A-4-2002