IMPORTANT

#569
REF 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):

Renewal Fee (Return with this application): $250

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA
2012 MAR 30 P 1:31

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

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: Watertown, MA 02472
Phone Number of the License Holder: 617 839 1557
Email Address of the License Holder: Spepe@yspaceinc.com

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@yspaceinc.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 1557 Steve Pepe

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

___Sole Proprietor: Name of Owner:_____

___Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:_____

_____

___Trust: Names of All Trustees Who Own More Than 10%:_____

_____

✓ Corporation (inc. LLC): Name of President: STEVEN L. PEPE

Name of Secretary: Yvonne M. Pepe

Name of Treasurer: STEVEN L. PEPE

___Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: S Pepe **Date** 3/28/12

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: Your Space Landscape & Construction, Inc.

Address: 2 BLANCHARD ROAD BURLINGTON, MA 01803

City: _____ State: _____ Zip: _____ Phone #: 781 273 1950

- [x] I am an employer with 10 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
- [x] Other Const.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Utica Natural Ins.

Address: _____

City: _____ State: _____ Zip: _____ Phone #: 617 773 9200

Policy #: 4519337 Expiration Date: 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 and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 3/28/12

Print Name: STEVEN L PEPE

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* _____

(revised Jan. 2008)

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61061770 briefly described as DRAINLAYER CITY OF SOMERVILLE

for YOUR SPACE LANDSCAPE & CONSTRUCTION, INC., as Principal, in the sum of $ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 13, 2012, and ending May 13, 2013, 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 10 day of February, 2012.

WESTERN SURETY COMPANY

By _____
Paul T. Bruflat, Senior Vice President

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

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

Form 90-A-4-2002