

## 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: #191611

Business Name: Jason Anthony 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: \_\_\_\_\_

2012 APR 25 P 1:32  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The Legal Name of the License Holder: John Perino II

Street Address of the License Holder: 39 Robin Wood Rd

City, State and Zip Code of the License Holder: BELmont MA 02478

Phone Number of the License Holder: (617) 868-7204 cell # 617 438-7234

Email Address of the License Holder: \_\_\_\_\_

Where We Should Send Mail: Name: Jason Anthony Corp.

Street Address: PO BOX 460

City, State and Zip Code: BELmont MA 02478

Email: jasonanthony Corp@verizon.net

Phone Number: (617) 868-7204

Federal ID # (Do Not Give a Social Security #): 043 352 554

Emergency Contact and Phone (For Fire Dept. Use): John Perino (617) 438-7234

-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: John Perino #

Name of Secretary: Carol Perino

Name of Treasurer: \_\_\_\_\_

\_\_\_\_ 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: \_\_\_\_\_

Date

4/19/12

**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: JASON ANTHONY CORP.

Address: PO BOX 460

City: BELMONT

State: MA

Zip: 02478 Phone #: (617) 868 7204

☒ I am an employer with 6 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 \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: NATIONAL UNION FIRE INS. CO. PITTSBURGH, PA / AIG/Chari

Address: 22437 NETWORK PLACE

City: CHICAGO

State: IL

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Policy #: WIC 006 92 2458

Expiration Date: 4/18/13

**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: 4/19/12

Print Name: \_\_\_\_\_

John Perino

*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 \_\_\_\_\_

**THE HANOVER INSURANCE COMPANIES**

**CONTINUATION CERTIFICATE**

**Principal:** Jason Anthony Corporation

**Bond No.:** BLN-170346.

**Continuation Effective Date:**

**From:** November 14, 2011

**To:** November 14, 2012

**Obligee:** City of Somerville – Drainlayers Bond

**Bond Amount:** \$10,000.00

**Premium:** \$100.00

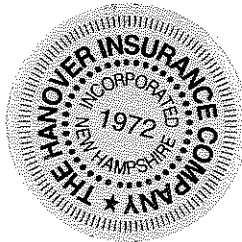
It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.


This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

The aggregate liability of **THE HANOVER INSURANCE COMPANY** from the date of the issuance of said Bond to the date of the expiration of this certificate shall not exceed the sum written above.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date."

**THE HANOVER INSURANCE COMPANY**



By:   
Terrell A. Williams, Attorney-In-Fact