

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 4-8-13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☒ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: Tufts Construction Inc. Phone: 781-844-9535

Business DBA Name (if applicable): _____

Address with Zip Code: 209 Mystic Ave Suite 124 Methuen MA 02155

Tax Identification Number: 46-2326067 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Peter Tufts Phone: 781-844-9535

Emergency Contact 2: _____ Phone: _____

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Peter M Tufts

Address with Zip Code: 1 - 1

Partner's/Member's/Secretary's Name: 1 - 1

Address with Zip Code: _____

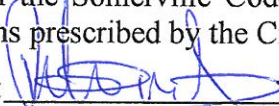
Partner's/Member's/Treasurer's Name: 1 - 1

Address with Zip Code: _____

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

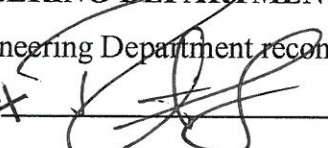
Signature of Applicant:  Date: 4-8-13

Print Name: Peter M Tufts Phone: 781-844-8335

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: ☒ Approved ☐ Denied

Signature:  Date: 4.16.13

Effective Date: April 23rd, 2013

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 61664099That we, Tufts Construction Inc

of Medford, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Oblige, in the penal
sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00),
lawful money of the United States, to be paid to the Oblige, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Drainlayer

by the Oblige.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
April 23rd, 2014, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Oblige and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 23rd day of April, 2013.Tufts Construction Inc

Principal

Principal

WESTERN SURETY COMPANY

By

Paul T. Bruflat, Senior Vice President

**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP)
ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

46-2326067

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Tufts Construction Inc.
Address: 209 Mystic Ave Suite 124
City: Marblehead State: MA Zip: 02155 Phone #: 781-214-6222

- ☐ I am an employer with _____ employees (full and/or part time). **Business Type:** ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☒ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 4-20-13
Print Name: Derek M Tufts

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 _____

NOTICE OF ASSIGNMENT

EMPLOYER:

TUFTS CONSTRUCTION INC
209 MYSTIC AVE 124
MEDFORD, MA 02155

COMBO I.D.

000975854

STATUS OF EMPLOYER

Corporation

COVERAGE GROUP

1028058

The Waiver of Our Right to
Recover from Others Endorsement
is available on Pool policies.
Contact your agent for details.

Coverage under this assignment
applies to Massachusetts
operations only. For coverage
outside of Massachusetts, contact
the appropriate Pool or Plan for
that state.

AGENT PAUL T MURPHY INSURANCE AGENCY INC
OR PAUL T MURPHY
PRODUCER: 628 BROADWAY
MALDEN, MA 02148

INSURANCE COMPANY:

HARTFORD UNDERWRITERS INS CO
Jonathan Scharnberg
P O BOX 3556
ORLANDO, FL 32802-3556
(800) 453-9843

AGENCY FEIN: 043327619

CLASSIFICATION OF OPERATION	CLASS CODE	ESTIMATED TOTAL ANNUAL REMUNERATION	RATE	ESTIMATED PREMIUM
EXCAVATION & DRIVERS	6217	\$35,400	4.35	\$1,540
EMPLOYERS LIABILITY 1000/1000/1000	9812			\$75
STANDARD PREMIUM				\$1,615
EXPENSE CONSTANT	0900			\$338
TERRORISM CHARGE	9740			\$11
TOTAL POLICY MINIMUM PREMIUM				\$527
TOTAL ESTIMATED PREMIUM				\$1,964
DIA ASSESS. 4.2%				\$65
TOTAL EST. PREMIUM PLUS ASSESSMENT				\$2,029
INSTALLMENT BASIS: Annual			DEPOSIT PREMIUM:	\$2,029

THIS IS NOT A BILL

COMMENTS

Coverage effective 12:01 AM on 04/18/13.

DATE OF NOTICE: 04/22/13

PREPARED BY:

Maryellen Nee
EXT 532

* * VOLUNTARY DIRECT ASSIGNMENT * *

LETTER ID: 3957609

The Workers' Compensation Rating and Inspection Bureau of Massachusetts
101 Arch Street • Boston, MA 02110
(617)439-9030 • FAX (617)439-6055 • www.wcribma.org