

## APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date

3/10/2010

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

3-17-2010

Amount Paid

250

CK 36911

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business Name:

FARRELL  
SEAN FARRELL EXCAVATION, INC

Phone:

617-472-2020

Business DBA Name (if applicable):

N/A

Address with Zip Code:

53 GILBERT STREET QUINCY, MA 02169

Tax Identification Number:

04-351-8507

Check one:

☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to):

SAME AS ABOVE

Address with Zip Code:

Property Owner Name:

SEAN FARRELL

Phone:

617-472-2020

Address with Zip Code:

53 GILBERT ST QUINCY, MA. 02169

Emergency Contact 1:

SEAN FARRELL

Phone:

617-293-7660

Emergency Contact 2:

PATRICK O'CONNOR

Phone:

781-983-8978

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:

JOHN J FARRELL

Address with Zip Code:

53 GILBERT STREET QUINCY, MA. 02169

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

JOHN J FARRELL

Address with Zip Code:

SAME

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

JOHN J. FARRELL

Address with Zip Code:

SAME

60013

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BOND DEPARTMENT**

AGENCY: 20-0111 Berry Insurance Agency Inc

<b>CONTINUATION CERTIFICATE</b>	<b>BOND</b> S-146868
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**Principal:**

Sean Farrell Excavation Inc  
53 Gilbert St  
Quincy, MA 02169

**Obligee:**

City of Somerville  
City Hall  
93 Highland Ave  
Somerville MA 02143

**Bond Term in Months:** 12**Effective Date:** 5/11/2010**Expiration Date:** 5/11/2011**Penalty Amount:** \$10,000**Type of Bond:** License**Classification:** Drainlayer Automatic Renewals**Remarks:**

Drainlayer

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.

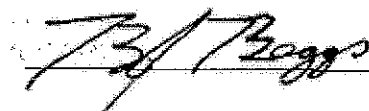
This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

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

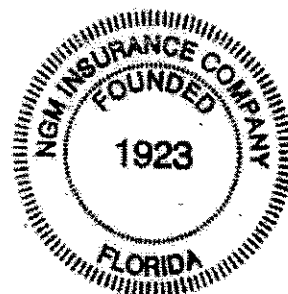
NGM INSURANCE COMPANY

\*formerly known as National Grange Mutual Ins. Co.

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill

**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)

*J. L. Farrell*

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

*04-351-8507*

\_\_\_\_\_  
\*\*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: SEAN FARRELL EXCAVATION, INC  
Address: 53 GILBERT ST  
City: QUINCY State: MA Zip: 02169 Phone #: 617-293-7660

- ☒ I am an employer with 12 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-Excavation

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

Insurance Company Name: BERRY Insurance Agency Inc  
Address: 9 MAIN ST.  
City: FRANKLIN State: MA Zip: 02038 Phone #: 508-446-2296  
Policy #: WC 5006034012009 Expiration Date: 9/21/2010

**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: Sean Farrell Date: 3/16/2010  
Print Name: JOHN FARRELL

**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 \_\_\_\_\_