



CITY OF SOMERVILLE, MASSACHUSETTS

CITY CLERK'S OFFICE

JOSEPH A. CURTATONE

MAYOR

JOHN J. LONG

City Clerk

July 23, 2012

To Whom It May Concern:

JP Vara Company Inc. has requested a Drainlayer's License in the City of Somerville. Their services are required for work at the Maxwell's Green Apartments area.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,

John J. Long
City Clerk

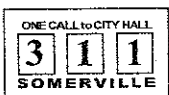
Approved by President:

President Thomas F. Taylor

Approved by Committee on Licenses and Permits:

Chairman Dennis M. Sullivan

Approved by Ward Alderman:

Alderman Sean T. O'Donovan

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

2012 JUL 20 A 11:55

FOR CITY CLERK'S OFFICE ONLY

Date

7/20/12

CITY CLERK'S OFFICE
SOMERVILLE, MA

Date Recorded

7/20/12

Amount Paid

\$250

☐ New Application

☒ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name:

Joseph A Vaca

Phone:

781-249-1959

Applicant's Address (with Zip Code):

33 Longwood Ave. Saugus Ma. 01906

Applicant's Email Address:

JAVACA CO INC @ Comcast.net

Applicant's Federal Employer Identification Number:

04-3182671

Business DBA Name (if applicable):

N/A

Business Location (with Zip Code):

Same

Mailing Name (where we should send correspondence to):

Same

Mailing Address (with Zip Code):

01906

Emergency Contact:

Tony DiPalito

Phone:

617-839-8955

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:

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

Attach a Drain Layers Bond in the amount of \$10,000.

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: 7/20/12

Print Name: _____

Joseph Varga

Phone: 781-249-1959

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

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

Signature _____

Date 7-20-12

LICENSE OR PERMIT BOND

Bond Number 0571379

KNOW ALL MEN BY THESE PRESENTS, THAT WE

J.P. Vara Company, Inc. 33 Longwood Ave. Saugus, MA, 01906 as Principal, and International Fidelity Insurance Company as Surety, and having its principal office in Rockland, MA as Surety, are held firmly bound unto City of Somerville, MA. hereinafter called the Obligee in the penal sum of \$10,000 TEN THOUSAND AND NO/100THS Dollars lawful money of the United States of America to be paid to the said Obligee, for Which payment well and truly to be made we bind ourselves, our heirs, executors administrators and assigns, jointly and severally, firmly by these presents.

SIGNED WITH OUR HANDS AND SEALED WITH OUR SEALS this 6th day of January, 2012.

WHEREAS a license or permit has been granted by the Obligee's to the above bounden Principal authorizing him to: Drainlayers Permit Bond

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that the Principal shall faithfully observe the provisions of the laws, ordinances, and resolutions, governing the issuance of this license permit, then this obligation shall be null and void, otherwise to remain in full force and effect

This bond shall become effective the January 6, 2012.

The Surety may cancel this bond at any time by filing with the Obligee 30 days notice of Its desire to be relieved of liability. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the 30 day period.

J.P. Vara Company, Inc.

Principal

BY:

International Fidelity Insurance Company


Surety

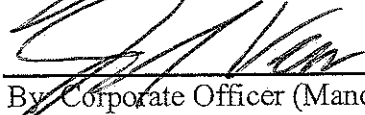
BY:

Wilder Parks, Jr., Attorney-in-Fact

**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.

 J.P. Varga Co, Inc.
*Signature of Individual or Corporate Name (Mandatory)

 _____
By Corporate Officer (Mandatory, if a corporation)

04-2152071
**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: J.P. Vana Co, Inc.
Address: 33 Longwood Ave
City: Saugus State: Ma Zip: 01906 Phone #: 781-249-1959

- ☐ I am an employer with 1 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 Heavy Equipment

Workers' compensation insurance information (if applicable):

Insurance Company Name: DeSantis Ins. Co.
Address: 300 Summer's Park W.
City: Woburn State: Ma Zip: _____ Phone #: 781-935-0866
Policy #: WC 0021678521 Expiration Date: 1-5-13

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: [Signature] Date: 7/20/12
Print Name: Joseph Vana

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 _____