

[Home](#)[My Activities](#)[Create](#)[Search](#)[Reports](#)[Support Center](#)[Administration](#)[Logoff](#)

Business License



No image found for this file. [click here to upload an image.](#)

File #: 16-016686 ...
16 Everett ST Holliston MA 01746
Colantonio Inc

[Licenses](#) [Reviews](#) [Inspections](#) [Activities](#) [Documents](#) [Contacts](#) [History](#)

EDIT:
File

Edit License: BL16-000133



ADD:
Activity
Address
Alert
Contact
Document
Email
Inspection
Letter
Note
Payment
License
Route

License #: BL16-000133
License Type: Business License
Sub Type:
Business Name: Colantonio Inc.

Licensee: ...
Status:
Total Amount: \$ 325.00
Amount Paid: \$ 0.00
Balance Due: \$ 325.00

Application Date: 10/31/2016

Approval Date:

Issue Date:

Expiration Date:

Close Date:

Last Inspection:

REPORTS:
Custom
Detail
Summary

Non-Billable:

Non-Billable Reason:

Application Type:

BUSINESS LICENSES

Fill in all of the fields to the best of your ability, and attach all of the required documents. Your application cannot be processed until it is complete, with all of the attachments. Note that the application fee is not refundable under any circumstances. If approved, there will be an additional license fee.

DBA Name: Colantonio Inc.

Federal Tax ID # (EIN) 042843690

(do not enter a Social Security #-if no EIN, enter 999999999):

In the last 3 years, have you admitted liability or been

found liable under any state or federal law regulating the payment of wages to employees, or the collection of debt from employees?:

CONTACTS

Mailing Contact: ...

Emergency Contact: Kevin Costollo

Phone: 3: 774-217-1453

TYPE OF BUSINESS

Select the type of business and provide the additional information indicated

| Business Ownership Type: Corporation ▼
| Legal Name of Entity: Colantonio Inc

Corporation Information

| Name of President: George Willwerth
Name of Secretary: Kaern Vecchione
Name of Treasurer: Leanne Floyd


Drainlayer Bond

Bond Company Name: Travelers Casualty and S
Bond #: 106620854
Issue Date: 10/31/2016
Expiration Date:

REQUIRED DOCUMENTATION

Workers Comp Affidavit: [WCI signed.pdf](#) 
[download template](#)

Attach 3 letters of recommendation from
municipalities: [Colantonio](#) 
[References.pdf](#)

Attach a \$10,000 Drainlayer Bond for the City of
Somerville: [Drain Layers](#) 
[Bond.pdf](#)

Approval Conditions:

Docket #:

TERMS AND CONDITIONS

ACKNOWLEDGEMENT

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby state that all information provided on this application is true and accurate, and I understand that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution. I agree to adhere to any and all City ordinances, regulations, and conditions pertaining to this license, and I acknowledge that any violation of City ordinances, regulations, and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine, and/or loss of this license. I certify that the applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

RELEASE AND INDEMNIFICATION

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby agree to release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with any event(s) described herein, any use of the public way described herein, and the conduct of anyone operating under the license described herein

WAGE THEFT ORDINANCE RECEIPT

By clicking submit below I, the undersigned Applicant or Duly Authorized Agent, hereby certify that a copy of Municipal Ordinance 9-31, the so-called Wage Theft Ordinance, has been made available to me as part of this application process.[download ordinance](#)

| You must read & accept the above stated terms & the

[Drainlayer Conditions:](#)

| You must read & accept the stated terms of the

[Somerville Permit Manual:](#)