

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: *James C. Henry* Date: 11-30-11
Print Name: JAMES C. HENRY Phone: 978-265-2030

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied
Signature _____ Date _____

ATTN: John Long



November 02, 2011

Sheila Doherty
DOHERTY INS AGENCY INC (0HF434)
P O BOX 1985
ANDOVER, MA 01810-0034

Michael D Evans
770 Pennsylvania Drive
Suite 110
EXTON, PA 19341
Phone: (610) 458-2264
Fax: (866) 785-2463
Email: MEVANS7@travelers.com

This is an Agency Billed Policy.

This is the Renewal for: JAMES CHENEY
P.O. BOX 341
4 GRADALL LANE
ANDOVER, MA 01810

Bond Number: 104173853
Type of Bond: License or Permit Bond - Continuous
Obligee Name: CITY OF SOMERVILLE
Obligee Address: 93 HIGHLAND AVE.
Obligee City, State & Zip: SOMERVILLE, MA 02143 USA
Transaction Effective Date: February 10, 2012
Premium Effective Date: February 10, 2012
Premium Expiry Date: February 10, 2013
Bond Limit: \$10,000.00

Comments:

Thank you for placing your business with us.

Producer Name:

Attn: John Long

TRAVELERS

November 02, 2009

Sheila Doherty
DOHERTY INS AGENCY INC (01HF434)
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ANDOVER, MA 01810

Bond Number: 104173853
Type of Bond: License or Permit Bond - Continuous
Obligee Name: CITY OF SOMERVILLE
Obligee Address: 93 HIGHLAND AVE.
Obligee City, State & Zip: SOMERVILLE, MA 02143 USA
Transaction Effective Date: February 10, 2010
Premium Effective Date: February 10, 2010
Premium Expiry Date: February 10, 2011
Bond Limit: \$10,000.00
Bond Premium:
Commission - Percentage:
Special Commission: \$0.00
Countersignature Branch:
Countersignature Commission: \$0.00
State Tax: \$0.00
State Surcharge: \$0.00
TOTAL PREMIUM:

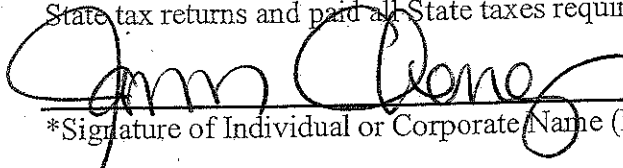
Comments:

Thank you for placing your business with us.

Producer Name:

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)

026-60-7660

**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: JAMES CHEWY

Address: P.O. Box 34

City: ANDOVER State: MA Zip: 01810 Phone #: 978-265-7030

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

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: [Handwritten Signature] Date: 11-30-11

Print Name: JAMES CHEWY

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 #: _____

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Board of Health |
| <input type="checkbox"/> | Building Department |
| <input type="checkbox"/> | City/Town Clerk |
| <input type="checkbox"/> | Licensing Board |
| <input type="checkbox"/> | Selectmen's Office |
| <input type="checkbox"/> | Other _____ |