

CITY OF SOMERVILLE BOARD OF ALDERMEN

93 HIGHLAND AVENUE SOMERVILLE, MA 02143 (617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

License #:

669

C.J. DOHERTY INC 173 WOBURN ST MEDFORD, MA 02155

Fee:

250.00

Account ID:

552

Reference #:

669

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE						
INFORMATION ON FILE:	33 200 200 1-0-1 2010 100000 III III	CHANGES: (Note below or explain on a separate sheet				
Business/DBA Name: C.J. DOHERTY IN Business Location: OUT OF AREA Business Phone: 781-391-4504	IC .					
License Holder: C.J. DOHERTY INC 173 WOBURN ST MEDFORD, MA 02155 781-391-4504						
Mailing Address: C.J. DOHERTY INC 173 WOBURN ST MEDFORD, MA 02155		Y CLERK				
Business Type: CORPORATION (INC. LLC) TREASURER - CHARLES DOHERTY PRESIDENT - CHARLES DOHERTY SR. SECRETARY - MARY ELLEN DOHERTY		A 9. 2 S OFFICE LE, MA				
FID: 042640572		-con-				
Food Manager/Emergency Contact: CHUCK DOHERTY	617-967-5392					

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: NOT APPLICABLE

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMEN.	
-I have filed all-State tax returns and paid all State taxes required by law for this business.	
Signature: Medler Medly Date 3/3/14	
Print Name: MAN Elley Welly Phone 78/3914504	

DES MOINES OFFICE 2100 FLEUR DRIVE DES MOINES, IOWA 50321-1158 (800) 678-8171 FAX (515) 243-3854



AUSTIN OFFICE P.O. BOX 26720 AUSTIN, TEXAS 78755-0720 (800) 252-9656 FAX (512) 343-8363

CONTINUATION CERTIFICATE

(to be filed with the obligee)

MA 1	431		10,000		RAIN	LAYE	ER-RIGHT W	Y	
BOND N		D	AMOUNT				DESCRIPTIO		
OBLIGEE _		OF	SOMERVILLE						
			ONDING COMPANY	/ (MILITLIAL)	Des Mai	nes lo	wa. hereby conti	nues in force	Bond for
				(IVIOTOAL),	, Des Moi	1103, 10	wa, norozy com		
PRINCIPAL	<u>C.J.</u>	DOF	HERTY, INC.						
DBA									/ /
All liability un	der this Cor	ntinuati	on Certificate is effecti	ve(04/02/	14_	and terminates	s midnight _	04/02/15
This continua shall not be attached ther	ation is exec cumulative reto, or any	cuted u and sh continu	()	tion that the C ed in the aggr	Company's egate the	liability largest	under said Bond a	and this and a	Il continuations thereof ond, the endorsement
VVIII 1035 till C	Attest:		,	SONOR	COMP	4	MERCHANTS BC	NDING COM	PANY (MUTUAL)
2/:/		1/	ener Js.	A 19	33	7.	Lava	Tayl	
- marie	·			HAW.	(i4)	•	-0	Jage	President
	S	ecretary	/		74				
Bonding Co Treasurer o Company the and Section transmission recognizand and effect a	mpany (Mur any Assis' nereto, bond n 1(d) "The s n to any Po ce, or other as though m	tual) d tant Se ds and signatu wer of surety anuall follow	ing are duly elected o	ect copy of Se rded to-wit: S wer and auth zances, contr officer and th ion thereof au e Company, a	cority to exercise of income seal of the original such seal of the original such search searc) and Se b) "The ecute of demnity he Com the exe signatur : Larry	replace in the Co and other writing appany may be affin cution and deliver and seal when seal	ompany and a sobligatory in ked by facsim y of any bond so used shall	attach the seal of the nature thereof," nile or electronic d, undertaking, have the same force
COMPANY	ONY WHER (MUTUAL) day of.		I have hereunto set r		resident a	nd affix			RCHANTS BONDING
	Attest:			80.0	SKIDA	Z.			
Will	lian	Ula	rner Is.	ANT	-o- 1933	D M	Larry	Tayl	<u></u>
		Secreta	ry	3437	ý ģ	10.		,	President
	n did say ti	nat he	EBRUARY, 20 is President of the Mand that the Seal af igned and sealed in be	MERCHANT	S BONDI	NG CC	MPANY (MUTU) is the Corporate	AL), the corp Seal of the	nown, who being by me poration described in said Corporation and
Witnessed			00/0	1/14		(Ceridy Sm	Jth lic, Polk County	lowa

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

Workers' Compensation Insurance Affidavit - General Business

Applicant information:
Name: CS Dolerty Luc
Address: 173 Weburn ST City: Med File State: Wa Zip: Q/S Phone #: 78-391-4504
City: //CCTTVO State: //CCTTV
Workers' compensation insurance information (if applicable):
Insurance Company Name: ACHDIA FUS CO
Address:
City: State: Zip: Phone #:
Policy #: WCA 5014057-12 Expiration Date: 10/1/14
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: Nacy Clin Office Date: 3/3/14
Print Name: My Ellen Dekepty
Official use only. Do not write in this area. To be completed by city or town official.
City or Town:Permit/License #:Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office
Contact Person: Phone #: Other

(revised Jan. 2008)



07231

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 00 00 01 A 07 11

Issuing Company: Acadia Insurance Company 290 Donald J. Lynch Blvd Marlborough, MA 01752

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

RENEWAL INFORMATION PAGE

NCCI Carrier Code No.: 33391

Policy No.: WCA 5014051 - 12 Previous Policy No.: 5014051-11

1. Name Insured and Address

C.J. Doherty, Inc. 173 Woburn Street Medford, MA 02155 **Agency Name and Address**

(781) 642-9000

Eastern States Insurance Agency, Inc.

50 Prospect Street Waltham, MA 02154

Other workplaces not shown above:

Refer to Name and Location Schedule

FEIN: 042640572

Risk ID No .:

Bureau File No.: 0097383

Entity of Insured: Corporation

POLICY PERIOD

2. The Policy Period is from 10/01/2013 to 10/01/2014 12:01 AM Standard Time at the insured's mailing address.

COVERAGE

- Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of 3. A. the states listed here: MA
 - Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part two are:

Bodily Injury by Accident \$ 500,000 each accident Bodily Injury by Disease \$ 500,000 policy limit

Bodily Injury by Disease \$ 500,000 each employee

Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and states designated in item 3.A. of the information page.

This policy includes these endorsements and schedules: See "Schedule Of Endorsements" D.