

**IMPORTANT**

#576  
REF 693

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer  
License Number: #192355  
Business Name: Manafort Brothers Inc  
Location: N/A  
Special Conditions (if any): License valid for East Somerville Community School only.

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Manafort Brothers Incorporated
Somerville Address and Zip Code:	N/A
Phone Number of the Business:	860-229-4853

The Legal Name of the License Holder:	Manafort Brothers Incorporated
Street Address of the License Holder:	414 New Britain Ave.
City, State and Zip Code of the License Holder:	Plainville, CT 06062
Phone Number of the License Holder:	860-229-4853
Email Address of the License Holder:	bmanafort@manafort.com

Where We Should Send Mail: Name:	Manafort Brothers Incorporated
Street Address:	414 New Britain Avenue
City, State and Zip Code:	Plainville, CT 06062
Email:	bmanafort@manafort.com
Phone Number:	860-229-4853

Federal ID # (Do Not Give a Social Security #):	06-0619109
---	------------

Emergency Contact and Phone (For Fire Dept. Use):	John Walwood - 401-2557960 or Steve Courtney - 401-261-2757
---	--

-OVER-

CITY CLERK'S OFFICE  
2012 APR - U A 9 47

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: James A. Manafort, Jr.

Name of Secretary: Lauren Manafort

Name of Treasurer: Lauren Manafort

Other (Attach a Description of the Form of Ownership and the Names of Owners)

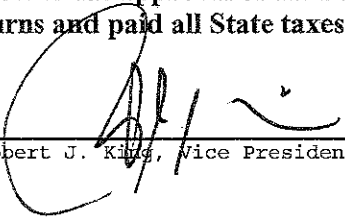
**ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:**

**-All information shown above is true and accurate.**

**-Any changes above are subject to the approval of the Somerville Board of Aldermen.**

**-I have filed all State tax returns and paid all State taxes required by law for this business.**

**License Holder Signature:**

  
Robert J. King, Vice President of Finance

**Date** March 30, 2012

**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: Manafort Brothers Incorporated

Address: 414 New Britain Avenue

City: Plainville State: CT Zip: 06062 Phone #: 860-229-4853

- I am an employer with 420 employees (full and/or part time). **Business Type:**  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Commercial Construction Company
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

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

Insurance Company Name: New Hampshire Insurance Company

Address: 175 Water Street

City: New York State: NY Zip: 10038 Phone #: 617-457-2700

Policy #: WC021417623 Expiration Date: 01/01/2013

**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: Ellen S. Bridgman Date: March 30, 2012

Print Name: Ellen S. Bridgman, ARM, Contracts & Risk Manager

*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 \_\_\_\_\_

LICENSE OR PERMIT BOND

Bond Number: 929540144

KNOW ALL PERSONS BY THESE PRESENTS, That we Manafort Brothers Incorporated
414 New Britain Avenue, Plainville, CT 06062 of

hereinafter referred to as the Principal, and Western Surety Company

as Surety, are held and firmly bound unto City of Somerville, Department of Public Works, 1 Franey Road
of Somerville, MA 02145 hereinafter

referred to as the Oblige, in the sum of Ten Thousand and 00/100ths
Dollars (\$ 10,000.00 ), for the payment of which we bind ourselves, our legal representatives, successors
and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has made application for a
license or permit to the Oblige for the purpose of, or to exercise the vocation of Drain Layer

NOW, THEREFORE, if Principal shall faithfully comply with all ordinances, rules and regulations which have been
or may hereafter be in force concerning said License or Permit, and shall save and keep harmless the Oblige
from all loss or damage which it may sustain or for which it may become liable on account of the issuance of said
license or permit to the Principal, then this obligation shall be void; otherwise, to remain in full force and effect.

THIS BOND WILL EXPIRE the 4th day of November, 2012, but may be continued
by continuation certificate signed by the Principal and Surety. The Surety may at any time terminate its liability by
giving thirty (30) days written notice to the Oblige, and the Surety shall not be liable for any default after such
thirty day notice period, except for defaults occurring prior thereto.

SIGNED, SEALED AND DATED this 4th day of November, 2011.

Manafort Brothers Incorporated
(Principal)

By (Seal)

Western Surety Company
(Surety)

By Rita A. Kennedy (Seal)
Attorney-in-Fact