

IMPORTANT

564
REF 681

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: #191117
Business Name: Sean Farrell Excavation Inc
Location: N/A
Special Conditions (if any):

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

2012 MAR 30 1:35
CITY CLERK'S OFFICE
SOMERVILLE MA

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>SEAN FARRELL EXCAVATION, INC</u>
Somerville Address and Zip Code:	<u>53 Gilbert St. Quincy, MA. 02169</u>
Phone Number of the Business:	<u>617-472-2020</u>

The Legal Name of the License Holder:	<u>SEAN FARRELL EXCAVATION, INC.</u>
Street Address of the License Holder:	<u>53 Gilbert St</u>
City, State and Zip Code of the License Holder:	<u>Quincy, MA. 02169</u>
Phone Number of the License Holder:	<u>617-472-2020</u>
Email Address of the License Holder:	<u>paddy@SEANFARRELLEXCAVATION.COM</u>

Where We Should Send Mail: Name:	<u>SEAN FARRELL EXCAVATION, INC</u>
Street Address:	<u>53 Gilbert St</u>
City, State and Zip Code:	<u>Quincy, MA. 02169</u>
Email:	<u>paddy@SEANFARRELLEXCAVATION.COM</u>
Phone Number:	<u>617-472-2020</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-2518507</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>JOHN FARRELL 617-293-7660</u>
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-OVER-

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: JOHN FARRELL

Name of Secretary: JOHN FARRELL

Name of Treasurer: JOHN FARRELL

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: _____

John Farrell

Date _____

3/28/2012

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: SEAN FARRELL EXCAVATION, INC
Address: 53 Gilbert St
City: Quincy State: MA Zip: 02167 Phone #: 617-472-2020

- I am an employer with 11 employees (full and/or part time).
 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.
- Business Type: Retail
 Restaurant/Bar/Eating Establishment
 Office and/or Sales (real estate, auto, etc.)
 Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: BERRY Insurance Agency, Inc.
Address: 300 Congress Street
City: Quincy State: MA. Zip: 02169 Phone #: 617-472-2020
Policy #: 4004201971 Expiration Date: 9/21/12

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: 3/28/2012
Print Name: JOHN FARRELL

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 _____

AGENCY: 20-0111 Berry Insurance Agency Inc

CONTINUATION CERTIFICATE	BOND S-146868
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Principal:

Sean Farrell Excavation Inc
53 Gilbert St

Quincy, MA 02169

Obligee:

City of Somerville
City Hall
93 Highland Ave
Somerville MA 02143

Bond Term in Months: 12

Effective Date: 5/11/2012

Expiration Date: 5/11/2013

Penalty Amount: \$10,000

Type of Bond: License

Classification: Drainlayer Automatic Renewals

Remarks:

Drainlayer

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above and is subject to all the covenants and conditions of said Bond.

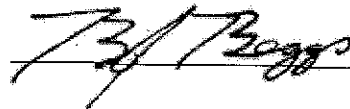
This continuation shall be deemed a part of the original Bond, and not a new obligation, no matter how long the Bond has been in force or how many premiums are paid for the Bond, unless otherwise provided for by statute or ordinance applicable.

In witness whereof, the company has caused this instrument to be duly signed, sealed and dated as of the above "continuation effective date".

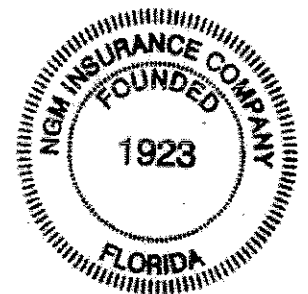
NGM INSURANCE COMPANY

*formerly known as National Grange Mutual Ins. Co.

By:



Attorney-in-fact



This Continuation Certificate needs to be filed with the obligee. No other proof of renewal has been sent to any other party.

Agency Bill