



CITY OF SOMERVILLE, MASSACHUSETTS
CITY CLERK'S OFFICE
JOSEPH A. CURTATONE
MAYOR

JOHN J. LONG
City Clerk

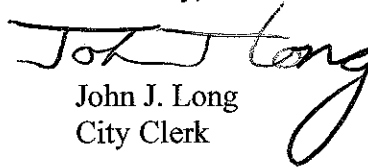
December 2, 2010

To Whom It May Concern:

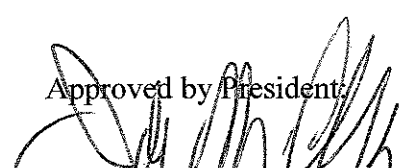
Quality Group Improvement Inc. has requested a Drainlayer's License in the City of Somerville. Their services are required for a new water and fire line at 128 Willow Avenue.

The appropriate documents are at City Hall awaiting approval by the Board of Aldermen at a future date. The Signatures below will indicate interim approval by the Board of Aldermen.

Sincerely,


John J. Long
City Clerk

Approved by President:



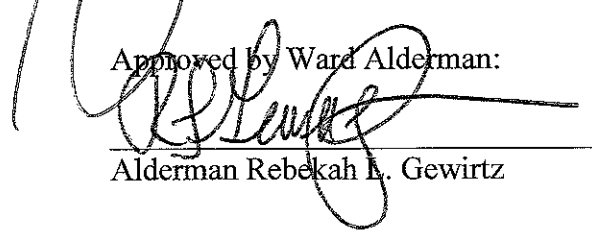
President John M. Connolly

Approved by Committee on Licenses and Permits:



Chairman Bruce M. Desmond

Approved by Ward Alderman:



Alderman Rebekah L. Gewirtz



APPLICATION FOR DRAIN LAYING

Application Fee \$250.00 2010 DEC -1 A 9:31

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>12/1/10</u>
Amount Paid	<u>\$250</u>

Date _____ CITY CLERK'S OFFICE
SOMERVILLE, MA

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: Quality Group Improvement inc Phone: 978-726-8882

Business DBA Name (if applicable): _____

Address with Zip Code: 34 Loomis St Cambridge MA 02138

Tax Identification Number: 39-2069551 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Quality Group Improvement

Address with Zip Code: 34 Loomis St Cambridge MA 02138

Property Owner Name: Antonio J Souza Phone: 978-726-8882

Address with Zip Code: 34 Loomis St Cambridge MA 02138

Emergency Contact 1: Antonio J Souza Phone: 978-726-8882

Emergency Contact 2: Leo Pimental Phone: 857-363-0232

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Antonio J Souza

Address with Zip Code: 34 Loomis St Cambridge MA

Partner's/Member's/Secretary's Name: Leo Pimental

Address with Zip Code: Same above

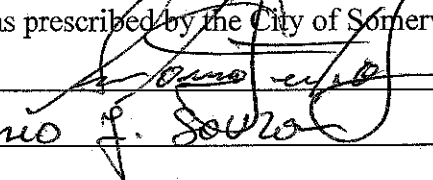
Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

ACKNOWLEDGEMENT

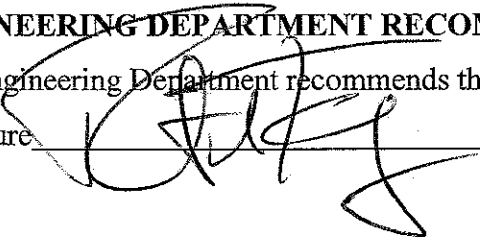
I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 11/17/10
Print Name: Antonio J. Souza Phone: 978-726-8882

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature:  Date: 11-30-10

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



Effective Date: November 17th, 2010

Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 24851238

That we, Quality Group Improvement

of the City Cambridge, State of Massachusetts, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of

Massachusetts, as Surety, are held and firmly bound unto the

City of Somerville, State of Massachusetts, as Obligee, in the penal

sum of Ten Thousand and 00/100 DOLLARS (\$10,000.00),
lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Drainlayer

by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
November 17th, 2011, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 17th day of November, 2010.

Quality Group Improvement

Principal

Principal

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Senior Vice President

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Senior Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Drainlayer City of Somerville

bond with bond number 24851238

for Quality Group Improvement

as Principal in the penalty amount not to exceed: \$ 10,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Senior Vice President with the corporate seal affixed this 17th day of November, 2010.

ATTEST

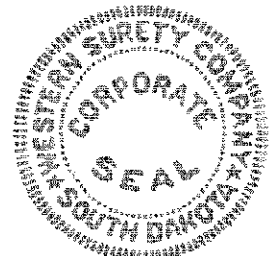
L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

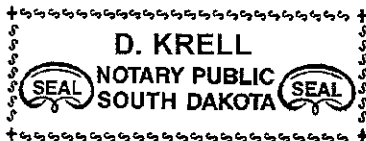
Paul T. Bruflat, Senior Vice President

STATE OF SOUTH DAKOTA }
 } ss
COUNTY OF MINNEHAHA }



On this 17th day of November, 2010, before me, a Notary Public, personally appeared Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Senior Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires November 30, 2012

Notary Public



CERTIFICATE OF CORPORATE AUTHORITY

I, Antonio J Souza, Clerk of

Quality Group Improvement hereby certify that,

at a meeting of the Board of Directors of said Corporation duly held on the _____ day of _____, at which a quorum was present and voting throughout, the following

vote was duly passed and is now in full force and effect:

VOTED: That Antonio J Souza be and hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to

sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and other obligations of the Corporation, the execution of any such contract, bond or obligation by

such Antonio Julio Souza to be valid

and binding upon this Corporation for all purposes. This vote remains in full force and effect, and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that Antonio Julio Souza

is the duly elected President of said Corporation.

Signed [Signature]
Clerk or Secretary

Place of Business _____

Date 12/01/2010

AFFIX CORPORATE SEAL HERE

In the event that the Clerk or Secretary is the same person as the Officer authorized to sign that contract, bond or other instrument for the Corporation, this certificate must be countersigned by another Officer of the Corporation.

Countersigned _____

Name & Title of Countersigning Officer _____

**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.

Abdour Sata (Quality Group Improvement)
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

39-2069551
**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: Quality Group Improvement, Inc
 Address: 34 Hoopes St
 City: Cambridge State: MA Zip: 02138 Phone #: 978-7268882

- I am an employer with 2 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Granite State Company
 Address: 175 Water St
 City: New York State: NY Zip: 10038 Phone #: 1800-6452259
 Policy #: W009-85-2288 Expiration Date: 06/16/11

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: 11/17/10
 Print Name: Antonio J Souse

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 _____

(revised Jan. 2008)