

CITY OF SOMERVILLE  
MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

BOSTON SAND AND GRAVEL CO. JANNE-MARIE BOYLAN  
100 N. WASHINGTON ST., 2ND FLOOR  
BOSTON MA 02114

LIC #: 2010-203  
B.O.A.# 162256

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles: X

Washing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$500.00 not  
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: BOSTON SAND AND GRAVEL COMPANY TEL: 617-227-9000  
Company Address: 00492 RUTHERFORD AV (PERMIT)

City: SOMERVILLE State: MA Zip: 02129

Check One: Individual:      Co:      Corp: X Trust:      Agency      Gov't      Partner       
Ship      Other     

Owner Name: BOSTON SAND AND GRAVEL CO. JANNE-MARIE BOYL TEL: 617-227-9000  
Owner Address: 100 N. WASHINGTON ST., 2ND FLOOR

Owner City: BOSTON State: MA Zip: 02114  
FID#: 041107360

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 06:00 AM-10:00 PM

SATURDAY: 00:00 AM-00:00 PM

SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

\*\*\* GARAGE NOT OPEN TO THE PUBLIC \*\*\* LICENSE #: 2010-203  
FEE: \$500.00

This is to certify: BOSTON SAND AND GRAVEL CO. JANNE-MARIE BOYLAN  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/11/1997

Garage situated at: 00492 RUTHERFORD AV (PERMIT)

Doing business as : BOSTON SAND AND GRAVEL COMPANY

Shall not exceed: 60 Vehicles Inside

in addition the following restrictions apply:

SAT. HOURS MAY VARY

TRUCK MAINTENANCE AND STORAGE NOT TO EXCEED 60 VEHICLES.

2010 APR 26 A 10:55  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

This renewal certificate must be signed by the holder of the license.

Check One: Owner ✓ Occupant      Holder     

Janne-Marie Boylan  
Signature of Applicant  
Boston Sand & Gravel Company Treas  
100 North Washington St.  
Address

Boston MA 02114  
City State Zip

\*\* Office Use Only \*\*

Mailed     

Taken     

Received:                                 

                                  
City Clerk

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.

Boston Sand & Gravel Company

\* Signature of Individual or Corporate Name (Mandatory)

Jeanne-Marie Boylan Treas

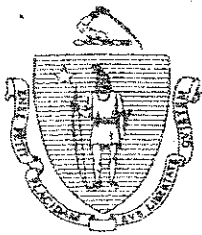
By: Corporate Officer (Mandatory, if a corporation)

04-1107360

\*\* 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, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: Boston Sand & Gravel Company  
address: 100 North Washington St.  
city: Boston state: MA zip: 02114 phone # 617-227-9000

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment  
☐ Office ☐ Sales (including Real Estate, Autos etc.)  
☒ I am an employer with 151 employees (full & part time). ☒ Other Manufacturing  
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: Boston Sand & Gravel Company  
address: 100 North Washington St.  
city: Boston phone #: 617-227-9000  
insurance co. The Hartford policy # 08 WN MF5220

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_  
address: \_\_\_\_\_  
city: \_\_\_\_\_ phone #: \_\_\_\_\_  
insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_  
address: \_\_\_\_\_  
city: \_\_\_\_\_ phone #: \_\_\_\_\_  
insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

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 Jeanne-Marie Boylan Jean Date 4/2/10  
Print name JEANNE-MARIE BOYLAN Phone # 617-227-9000

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

- ☐ Building Department  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Health Department  
☐ Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_  
(revised Sept. 2003)



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

Please Print Legibly

Business/Organization Name: BOSTON SAND & GRAVEL COMPANY

Address: 100 N. WASHINGTON ST.

City/State/Zip: BOSTON, MA 02114 Phone #: 617-227-9000

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 151 employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☒ Manufacturing
11. ☐ Health Care
12. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: THE HARTFORD

Insurer's Address: HARTFORD PLAZA

City/State/Zip: HARTFORD, CT 06115

Policy # or Self-ins. Lic. # 08 WDMF5220 Expiration Date: 7/1/2010

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 2/25/10

Phone #: 617-227-9000

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: Cambridge Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office  
6. Other \_\_\_\_\_

Contact Person: Patricia Lewis Phone #: 617-349-6141

POLICY PROVISIONS: WC000000A

INSURER: ☐ Hartford Accident and Indemnity Company  
☐ Hartford Casualty Insurance Company  
☐ Hartford Fire Insurance Company  
☐ Hartford Underwriters Insurance Company  
☐ Twin City Fire Insurance Company

NCCI COMPANY NO. INFORMATION PAGE NCCI COMPANY NO.

10448 ☐ Hartford Insurance Company of Illinois  
 14397 ☒ Hartford Insurance Company of the Midwest  
 13269 ☐ Hartford Insurance Company of the Southeast  
 10456 ☐  
 14974 ☐

20613 (Co. Use Only)  
 20605 Best L R R P R  
 20621 Ind Cl of CFI

ADDRESS: HARTFORD, CT. 06155



POLICY NO. 08 WN MF5220

Previous Policy No. 08 WN MF5220

SUFFIX

LARS Renewal  
 008

Co. Code  
 G

## Items

## 1. Named Insured and Mailing Address

(No., Street, Town, County, State)

Individual ☐ Corporation ☒  
 Partnership ☐ Other -----

BOSTON SAND & GRAVEL COMPANY  
 100 N. WASHINGTON STREET  
 BOSTON, MA 02114

Other workplaces not shown above:

2. The Policy Period is from 07/01/2009 to 07/01/2010

12:01 A.M., standard time at the insured's mailing address

Producer's Name THE WEINER COMPANY, INC.  
 ONE MCKINLEY SQUARE  
 BOSTON, MA 02109

Producer's Code  
 082233

## Issuing Regional Office

THE HARTFORD  
 HARTFORD PLAZA  
 HARTFORD, CT 06155

3. A. Workers' Compensation Insurance: Part One of the Policy applies to the Workers' Compensation Law of the states listed here:

MA, NH, NY

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.

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

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

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING  
 AND ANY STATES DESIGNATED IN ITEM 3A OF THE INFORMATION PAGE

D. This policy includes these endorsements and schedules: WC990005 AND SEE LISTING OF ENDS

4. The premium for this policy will be determined by our manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code Number	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
SEE SCHEDULE OF OPERATIONS				
TERRORISM	9740			
CATASTROPHE	9741			

FEIN NO. 04-1102360

Interstate/Intrastate ID No. 910401971

NAICS: 327320

Total Estimated Annual Premium

Minimum Premium:

NH

Deposit Premium

Audit Period: ☒ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

06/30/2009

Countersigned by

Form WC 00 00 01 A Printed in U.S.A.

Authorized Agent

Date



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Boston Sand & Gravel Company
2. Address of taxpayer/applicant's business in Somerville: 492R Rutherford Ave. Somerville, MA 02129
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-227-9000 evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 2nd day of April, 20 10. Jeanne-Marie Boylan  
(Taxpayer's signature) Treas.

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

<input type="checkbox"/> Real Estate <u>07278 042</u> # <u>00026133</u>	<input type="checkbox"/> Water/Sewer <u>U/A</u> # _____	<input type="checkbox"/> Personal Property # _____	<input type="checkbox"/> Other: _____ # _____
---	---	---	--

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

**received**  
4-26-10  
(Barrow)