



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW DRAIN LAYER LICENSE

**NUROTOCO OF MA
ROTO ROOTER SERVICES
175 MAPLE ST
STOUGHTON, MA 02072**

License #: **662**

Fee: **250.00**

Account ID: **545**

Reference #: **662**

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

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: ROTO ROOTER SERVICES Business Location: OUT OF AREA Business Phone: 781-297-7049	
License Holder: NUROTOCO OF MA ROTO ROOTER SERVICES 175 MAPLE ST STOUGHTON, MA 02072 781-297-7049	
Mailing Address: NUROTOCO OF MA ROTO ROOTER SERVICES 175 MAPLE ST STOUGHTON, MA 02072	
Business Type: CORPORATION (INC. LLC) PRESIDENT - DANIEL HUNTRESS x Richard Burns SECRETARY - KEITH VADAS TREASURER - MARK STEPHENS	Richard Burns REPIACED DAN HUNTRESS
FID: 311102223	
Food Manager/Emergency Contact: JENNIFER WETHERELL 781-297-7049	

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 accurate.

-Any 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: _____

Date

JAN 9th 2014

Print Name: _____

Richard PETERS

Phone

978914 3137

CONTINUATION
CERTIFICATE

RLI Insurance Company

, Surety upon

a certain Bond No. **CMS253013**

dated effective **March 08, 2007**
(MONTH-DAY-YEAR)

on behalf of **Roto-Rooter Services Company - Branch #015**
(PRINCIPAL)

and in favor of **City of Somerville**
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **March 08, 2013**
(MONTH-DAY-YEAR)

and ending on **March 08, 2014**
(MONTH-DAY-YEAR)

Amount of bond **\$5,000.00**

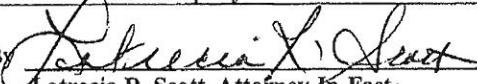
Description of bond **Opening and / or Occupying a Public Right of Way**

Premium: **\$--**

PROVIDED: That this continuation certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that the said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **February 28, 2013**
(MONTH-DAY-YEAR)

RLI Insurance Company

By 
Latrecia R. Scott, Attorney-In-Fact

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: NURO TOCO OF MA DBA Roto-Rooter SERVICES
Address: 175 MAPLE ST
City: STOUGHTON State: MA Zip: 02072 Phone #: 781 297 7049

- I am an employer with 70 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 _____

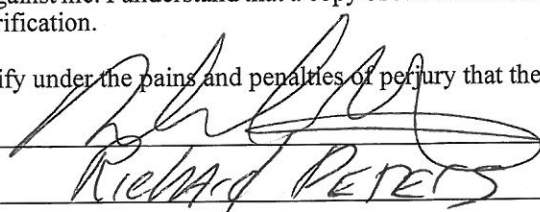
Workers' compensation insurance information (if applicable):

Insurance Company Name: MARSH USA
Address: 525 VINE ST. SUITE 1600
City: CINCINNATI State: OH Zip: 45202 Phone #: 513 762 6690
Policy #: WC - 9379366 - 07 Expiration Date: 4-1-2014

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:  Date: 1-9-14
Print Name: RICHARD PETERS

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 _____