



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**JAMES W FLETT CO INC
800 PLEASANT ST
BELMONT, MA 02478**

License #: **674**
Fee: **250.00**
Account ID: **557**
Reference #: **674**

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: JAMES W FLETT CO INC Business Location: OUT OF AREA Business Phone: 617-484-8500	✓
License Holder: JAMES W FLETT CO INC 800 PLEASANT ST BELMONT, MA 02478 617-484-8500	✓
Mailing Address: JAMES W FLETT CO INC 800 PLEASANT ST BELMONT, MA 02478	✓
Business Type: CORPORATION (INC. LLC) PRESIDENT - BRUCE FLETT SECRETARY - JAMES FLETT TREASURER - JAMES FLETT	✓
FID: 042349731	✓
Food Manager/Emergency Contact: BRUCE FLETT	✓

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:

2014 MAR -5 A 9:26
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: *Alexander Cochet* Date 2-28-14

Print Name: Alexander Cochet Phone 617-484-8500

Permit Administration



The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
 Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843
 Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

DRAINLAYER PERMIT BOND

Bond No. BLNA105993

KNOW ALL MEN BY THESE PRESENTS, that we, James W Flett Co., Inc.
 _____ of 800 Pleasant Street Belmont, MA 02478

as Principal, and The Hanover Insurance Company (A New Hampshire Corporation) Massachusetts Bay Insurance Company (A New Hampshire Corporation), as Surety, are held and firmly bound unto _____
 _____ City of Somerville, as Obligee, in the penal sum of
Ten Thousand Dollars

, good and lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, and our heirs, executors, administrators, jointly and severally, firmly by these presents.

WHEREAS the said Principal has applied to said Obligee for a license to construct, connect or repair drains,
sewers or catch basins in said Town or City of Somerville

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if Principal shall faithfully observe and honestly comply with the provisions of all Laws or Ordinances of Obligee regulating the business for which license is issued, then this obligation shall be void; otherwise to be and remain in full force and virtue.

PROVIDED, THE LIABILITY OF THE SURETY upon this bond shall be and remain in full force and effect for the full period of the license, and renewals thereof, issued to the principal above named, or until ten days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed, sealed and dated the 13th day of September, 2013.

James W Flett Co., Inc. _____ Principal

By: [Signature] _____ (Seal)



THE HANOVER INSURANCE COMPANY
 MASSACHUSETTS BAY INSURANCE COMPANY

By: Claire A Cavanaugh _____ Attorney-in-Fact
 Claire A. Cavanaugh,

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: James W. Flett Co., Inc.

Address: 800 Pleasant Street

City: Belmont State: MA Zip: 02478 Phone #: 617-484-8500

- I am an employer with 100 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: Old Republic General Insurance Corporation

Address: Agent: Driscoll Agency, 93 Longwater Circle

City: Norwell State: MA Zip: 02161 Phone #: 781-681-6656

Policy #: A2CW94041304 Expiration Date: 1-1-2015

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: Alexander Corbett Date: 2-28-2014

Print Name: Alexander Corbett, Permit Administrator

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 _____