



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

CK-2219
\$250

APPLICATION TO RENEW DRAIN LAYER LICENSE

NELM CORP
5 PARK AVE
CARVER, MA 02330

License #: 679

Fee: 250.00

Account ID: 562

Reference #: 679

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: For NELM CORP Business Location: OUT OF AREA Business Phone: 508-866-2133	
License Holder: NELM CORP 5 PARK AVE CARVER, MA 02330 508-866-2133	
Mailing Address: NELM CORP CARVER, MA 02330	
Business Type: CORPORATION (INC. LLC)	
FID: 273040632	
Food Manager/Emergency Contact:	

2013 APR 17 P 12:22
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Raymond C. Delucaico

Date: 4/8/13

Print Name: Raymond C. Delucaico

Phone: 508 866 2133



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 71005197 briefly described as DRAINLAYER CITY OF SOMERVILLE

for NELM CORP.

_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 03, 2012, and ending October 03, 2013, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 26 day of June, 2012.



WESTERN SURETY COMPANY

By

Paul T. Brufat, Senior Vice President

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

04-08-13;11:39AM;NELM Corp.

;508 866 2130

4/ 5

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: NELM Corp
 Address: 5 Park Ave
 City: CAVER State: MA Zip: 02330 Phone #: 508 866 2133

- ☐ I am an employer with _____ 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 GC

Workers' compensation insurance information (if applicable):

Insurance Company Name: Peoples Insurance
 Address: 62 Maple Ave
 City: Keene State: NH Zip: 03431 Phone #: 800-542-5385
 Policy #: WC374900 + Renewal of Expiration Date: 2/6/15/13
X 6/15/14

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: 4/11/13
 Print Name: Raymond C Delmonico

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 _____