

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

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

LIC #: 2012-203
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 \$550.00 not
later than April 30, 2012. 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: Ship: Other: Gov't Partner

Owner Name: BOSTON SAND AND GRAVEL CO. JEANNE-MARIE BOY 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 04/30/2012, 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 #: 2012-203
FEE: \$550.00

This is to certify: BOSTON SAND AND GRAVEL CO. JEANNE-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 EXEED 60 VEHICLES.

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

Check One: Owner ✓ Occupant Holder

Jeanne-Marie Boylan Treas.
Signature of Applicant

BOSTON SAND & GRAVEL COMPANY

100 N WASHINGTON ST

Address

Boston

MA

02114

City

State

Zip

** Office Use Only **

Mailed

Taken

Received:

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	BOSTON SAND & GRAVEL COMPANY
Somerville Address and Zip Code:	492 RUTHERFORD AVE
Phone Number of the Business:	617-227-9000

The Legal Name of the License Holder:	BOSTON SAND & GRAVEL COMPANY
Street Address of the License Holder:	100 N. WASHINGTON ST
City, State and Zip Code of the License Holder:	BOSTON, MA 02114
Phone Number of the License Holder:	617-227-9000
Email Address of the License Holder:	JMBOYLAN @ BOSTONSAND.COM

Where We Should Send Mail: Name:	BOSTON SAND & GRAVEL COMPANY
Street Address:	100 N. WASHINGTON ST
City, State and Zip Code:	BOSTON, MA 02114
Email:	JMBOYLAN @ BOSTONSAND.COM
Phone Number:	617-227-9000

Federal ID # (Do Not Give a Social Security #):	04-1107360
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Emergency Contact and Phone (For Fire Dept. Use):	BOSTERUSSON, GERALD NGR 617-759-3166
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: DEAN M. BOYLAN, JR.
Name of Secretary: JEANNE-MARIE BOYLAN
Name of Treasurer: JEANNE-MARIE BOYLAN
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Jeanne Marie Boylan Date 3/27/12

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)

James M. Ryan, Jr.

By: Corporate Officer (Mandatory, if a corporation)

041107360

** 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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: BOSTON SAND & GRAVEL COMPANY

Address of taxpayer/applicant's business in Somerville: 492 RUTHERFORD AVE

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-227-9000 evening: _____

I, (print name) JEANNE-MARIE BOYLARD, 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 27th day of March, 20 12. Boston Sand & Gravel Company
by Jeanne-Marie Boylard, Treasurer
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

00026133 # NO # NO # _____

NOTES:

CLERK'S INITIALS: u

ORIGINAL STAMP:



RECEIVED

14-12-12



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: BOSTON SAND & GRAVEL COMPANY
address: 100 N. WASHINGTON ST
city: BOSTON state: MA zip: 02114 phone # 617-227-9003

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 150 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 N. WASHINGTON ST
city: BOSTON, MA 02114 phone #: _____
insurance co. THE HARTFORD policy # 08WUMF5220

☐ 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 Date 3/27/12
Print name JEANNE-MARIE BOYLAN Phone # 617-227-9003

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
contact person: _____ phone #: _____
☐ Building Department
☐ Licensing Board
☐ Selectmen's Office
☐ Health Department
☐ Other _____
(revised Sept. 2003)

POLICY PROVISIONS: WC000000A

NCCI COMPANY NO.

INFORMATION PAGE

NCCI COMPANY NO.

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

10448
14397
13269
10456
14974

☐ Hartford Insurance Company of Illinois
☒ Hartford Insurance Company of the Midwest
☐ Hartford Insurance Company of the Southeast

20613 (Co. Use Only)
 20605 Best L R RPR
 20621 Ind Coi CFI
 01

ADDRESS: HARTFORD, CT. 06155



POLICY NO. 08 WN MF5220

Previous Policy No. 08 WN MF5220

SUFFIX

LARS Renewal
 010

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 07/01/2011 to 07/01/2012

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

Producer's Name

Producer's Code

THE WEINER COMPANY, INC.
 ONE MCKINLEY SQUARE
 BOSTON, MA 02109

082233

Issuing Regional Office

THE HARTFORD
 ONE 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 ENDTS

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	9740			
TERRORISM	9741			
CATASTROPHE				

FEIN NO. 04-1102360

Interstate/Intrastate ID No. 910401971

NAICS: 327320

Total Estimated Annual Premium

Minimum Premium: \$ 1,100. NH

Deposit Premium

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

07/08/2011

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

Countersigned by

Authorized Agent

Date