



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**ATLANTIC EXCAVATION AND UTILITY CORP.
180 WASHINGTON ST
BRIGHTON, MA 02135**

License #: **1030**
Fee: **250.00**
Account ID: **807**
Reference #: **1030**

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 ATLANTIC EXCAVATION AND UTILITY CORP.	
Business Location: OUT OF AREA	
Business Phone: 617-293-0233	
License Holder: ATLANTIC EXCAVATION AND UTILITY CORP. 180 WASHINGTON ST BRIGHTON, MA 02135 617-293-0233	
Mailing Address: ATLANTIC EXCAVATION AND UTILITY CORP. BRIGHTON, MA 02135	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERRY MCGATH TREASURER - GERRY MCGATH	
FID: 043494425	
Food Manager/Emergency Contact: GERRY MCGATH	

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: *Gerry McGath* Date: 4/25/13
Print Name: Gerry MC GATH Phone: 617 293 0233

Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 43369894 briefly described as CONTRACTOR CITY OF SOMERVILLE
for ATLANTIC EXCAVATION & UTILITY CORP.
_____, as Principal,
in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning October 28, 2012, and ending October 28, 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 22 day of October, 2012.



WESTERN SURETY COMPANY

By

Paul T. Brufat
Paul T. Brufat, Vice President

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

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: ATLANTIC Excavation & Utility Corp
Address: 180 WASHINGTON ST
City: Brighton State: MA Zip: 02135 Phone #: 617 293 0233

- | | | |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: | <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | | <input type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: WC 2315342271032 Expiration Date: 7/22/13

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: Gerry Mc Gath Date: 4/25/13
Print Name: Gerry MC GATH

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____