



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

2014 APR 29 A 11:42

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
License #:

**E.B. ROTONDI & SONS INC  
21 MANISON ST  
STONEHAM, MA 02180**

667  
Fee: <sup>CK#</sup> 76259 250.00  
Account ID: 550  
Reference #: 667

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: <b>E.B. ROTONDI &amp; SONS INC</b> Business Location: <b>OUT OF AREA</b> Business Phone: <b>781-438-5005</b>	
License Holder: <b>E.B. ROTONDI &amp; SONS INC 21 MANISON ST STONEHAM, MA 02180 781-438-5005</b>	
Mailing Address: <b>E.B. ROTONDI &amp; SONS INC 21 MANISON ST STONEHAM, MA 02180</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - A. JOSEPH ROTONDI SECRETARY - MICHAEL ROTONDI TREASURER - MICHAEL ROTONDI</b>	
FID: <b>042643937</b>	
Food Manager/Emergency Contact: <b>DENNIS LAWHORNE 781-254-7534</b>	

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: 4/15/2014  
Print Name: Dennis Lawhorne Phone: 781-438-5005

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: EB Rotondi & Sons Inc  
Address: 21 Marison St  
City: Stoneham State: MA Zip: 02180 Phone #: 781 438 5005

- I am an employer with 40 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 General Contractor

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: AIM Mutual Insurance  
Address: 51 Third Avenue  
City: Burlington State: MA Zip: 01803 Phone #: 800-876-2765 x 8764  
Policy #: 6018509 2014A Expiration Date: 9-1-14

**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: 4/15/2014  
Print Name: Dennis Lawborne

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 \_\_\_\_\_

(revised Jan. 2008)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: E.B. Rotondi & Sons Inc.

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

- |                                      |                                      |  |                                       |
|--------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Other: _____ |
| # _____                              | # _____                              | # _____                                    | # _____                               |

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**