



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

TIM ZANELLI EXCAVATING LLC
3 BEECH ROAD
NORTH READING, MA 01864

License #: **1057**

Fee: **250.00**

Account ID: **831**

Reference #: **1057**

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: TIM ZANELLI EXCAVATING LLC Business Location: OUT OF AREA Business Phone: 978-447-1138	978-207-1233
License Holder: TIM ZANELLI EXCAVATING LLC 3 BEECH ROAD NORTH READING, MA 01864 978-447-1138	2014 MAR -5 A 9:26 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: TIM ZANELLI EXCAVATING LLC 3 BEECH ROAD NORTH READING, MA 01864	
Business Type: CORPORATION (INC. LLC) PARTNER - TIMOTHY ZANELLI	
FID: 454098830	
Food Manager/Emergency Contact: RANDI DELORETO 978-580-1431	

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: Tim Zanelli Date: Feb 28, 2014

Print Name: Tim Zanelli Phone: 978-207-1233



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61603012 briefly described as DRAINLAYER CITY OF SOMERVILLE

for TIM ZANELLI EXCAVATING LLC

_____ , as Principal, in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning February 22 , 2014 , and ending February 22 , 2015 , 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 14 day of November , 2013 .

WESTERN SURETY COMPANY

By Paul T. Bruhat
Paul T. Bruhat, 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: Tim Zanelli Excavating
Address: 3 Beech Rd
City: NO. Reading State: MA Zip: 01864 Phone #: 9782071233

- I am an employer with 4 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 Construction

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual
Address: 54 Third Ave
City: Burlington State: MA Zip: 01803 Phone #: 781-221-1600
Policy #: WCC-500-5010715-2014A Expiration Date: 2/27/15

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: 2-28-14

Print Name: Tim Zanelli

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 _____