

APPLICATION FOR DRAIN LAYING

Application Fee \$250.00

Date 5-2-2011

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5-10-11
Amount Paid \$250.00 CK 11727

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Applicant's Legal Name: J.W. DeNapoli, Inc. Phone: 781-643-4700

new Applicant's Address (with Zip Code): 9 Reed St, Arlington, MA 02474

Applicant's Email Address: jdeninc@verizon.net

Applicant's Federal Employer Identification Number: 043362818

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): J.W. DeNapoli, Inc

Mailing Address (with Zip Code): 9 Reed St, Arlington, MA 02474

Emergency Contact: John DeNapoli Phone: 781-643-4700

Type of Business (Check one): Sole Proprietor Partnership (inc. LLC) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: John DeNapoli

Address with Zip Code: 9 Reed St, Arlington, MA 02474

Partner's/Member's/Secretary's Name: Marie DeNapoli

Address with Zip Code: 9 Reed St, Arlington, MA 02474

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

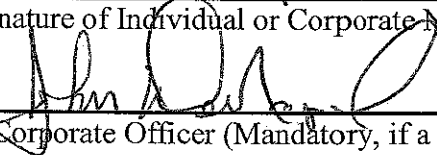
CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 MAY 10 A 10:45

**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.

J. W. DeNapoli, Inc.

\*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

043362818

\*\*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.

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

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: J. W. DeNapoli, Inc.  
Address: 9 Reed Street  
City: Arlington State: MA Zip: 02474 Phone #: 781-643-4700

- I am an employer with 4 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

Workers' compensation insurance information (if applicable):

Insurance Company Name: CNA  
Address: PO BOX 382 033  
City: Pittsburgh State: PA Zip: 15250 Phone #: 1-877-276-7507  
Policy #: WC-2025064461 Expiration Date: 3/15/2012

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: 5/5/2011  
Print Name: John DeNapoli


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

Attach a Drain Layers Bond in the amount of \$10,000.

**ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant:  Date: 5/5/2011  
Print Name: John DeNapoli Phone: 781-643-4700

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

The Engineering Department recommends that the application be:  Approved  Denied  
Signature \_\_\_\_\_ Date \_\_\_\_\_



**CONTINUATION CERTIFICATE**

PRINCIPAL:  
JOHN W. DENAPOLI, INC.  
26 DUDLEY STREET  
ARLINGTON, MA 02174

BOND NO. :  
BLN-1719404

CONTINUATION EFFECTIVE DATE  
FROM:05/06/11 TO:05/06/12

OBLIGEE:  
CITY OF SOMERVILLE, MA

AGENT:  
DELAND, GIBSON INS.  
ASSOCIATES, INC.  
36 WASHINGTON STREET  
WELLESLEY, MA 02481

BOND AMOUNT: 10,000

PREMIUM:\$ 100

IT IS HEREBY AGREED THAT THE CAPTIONED NUMBERED BOND IS CONTINUED IN FORCE IN THE ABOVE AMOUNT FOR THE PERIOD OF THE CONTINUED TERM STATED ABOVE AND IS SUBJECT TO ALL THE COVENANTS AND CONDITIONS OF SAID BOND.

THIS CONTINUATION SHALL BE DEEMED A PART OF THE ORIGINAL BOND, AND SUBSEQUENT CHANGES, IF ANY, AND NOT A NEW OBLIGATION, NO MATTER HOW LONG THE BOND HAS BEEN IN FORCE OR HOW MANY PREMIUMS ARE PAID FOR THE BOND, UNLESS OTHERWISE PROVIDED FOR BY STATUTE OR ORDINANCE APPLICABLE.

THE AGGREGATE LIABILITY OF THE HANOVER INSURANCE COMPANY FROM THE DATE OF THE ISSUANCE OF SAID BOND TO THE DATE OF EXPIRATION OF THIS CERTIFICATE SHALL NOT EXCEED THE SUM WRITTEN ABOVE.

IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS INSTRUMENT TO BE DULY SIGNED, SEALED AND DATED AS OF THE ABOVE "CONTINUATION EFFECTIVE DATE".

BY: Barbara A. Herlick  
ATTORNEY-IN-FACT