

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 you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Drain Layer
License Number: #190945
Business Name: S.G.T. Excavation Co
Location: N/A
Special Conditions (if any):

Renewal Fee (Return with this application): \$250

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	<u>S.G.T. Excavation Co, Inc.</u>
Somerville Address and Zip Code:	<u>210 Concord Rd Chelmsford Ma 01824</u>
Phone Number of the Business:	<u>781 844 1039</u>

The Legal Name of the License Holder:	<u>Steven G Thomas</u>
Street Address of the License Holder:	<u>210 Concord Rd</u>
City, State and Zip Code of the License Holder:	<u>Chelmsford Ma 01824</u>
Phone Number of the License Holder:	<u>781 844 1039</u>
Email Address of the License Holder:	<u>SGTEXCAVATION@GMail.com</u>

Where We Should Send Mail: Name:	<u>Same as above</u>
Street Address:	_____
City, State and Zip Code:	_____
Email:	_____
Phone Number:	_____

Federal ID # (Do Not Give a Social Security #):	<u>04-3480000</u>
---	-------------------

Emergency Contact and Phone (For Fire Dept. Use):	<u>781 844 1039 Steven Thomas</u>
---	-----------------------------------

-OVER-

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: Steven G Thomas

Name of Secretary: Steven G Thomas

Name of Treasurer: Steven G Thomas

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: Steven G Thomas Date 4/2/12

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: S.G.T. Excavation Co, Inc.
 Address: 210 Concord Rd.
 City: Chelmsford State: Ma Zip: 01824 Phone #: 7818441639

- | | |
|--|---|
| <input type="checkbox"/> I am an employer with <u>2</u> employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<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"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Other <u>EXCAVATION</u> |
|--|---|

Workers' compensation insurance information (if applicable):

Insurance Company Name: Applied Underwriters
 Address: 10805 Old Mill Rd
 City: Omaha State: NE Zip: 68154 Phone #: _____
 Policy #: 46-820426-01-03 Expiration Date: 11/11/12

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: Steven C. Thomas Date: 4/2/12
 Print Name: Steven C. Thomas

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 <input type="checkbox"/> Other _____
--	---

Contact Person: _____ Phone #: _____

