

IMPORTANT

551
REF 668

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: #191121
Business Name: A.P. Flowers & Son LLC
Location: N/A
Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

CITY CLERK'S OFFICE
SOMERVILLE, MA

2012 APR -2 P 2:00

The DBA Name of the Business: A.P. Flowers & Son, LLC

Somerville Address and Zip Code: N/A

Phone Number of the Business: (781) 935-9367

The Legal Name of the License Holder: A.P. Flowers & Son, LLC

Street Address of the License Holder: 29 James St.

City, State and Zip Code of the License Holder: Woburn, MA 01801

Phone Number of the License Holder: (781) 935-9367

Email Address of the License Holder: digapflowers@gmail.com

Where We Should Send Mail: Name: _____

Street Address: _____

City, State and Zip Code: SAME AS ABOVE

Email: _____

Phone Number: _____

Federal ID # (Do Not Give a Social Security #): 26-2190382

Emergency Contact and Phone (For Fire Dept. Use): (781) 640-6066

-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: Anthony P. Flowers

Name of Secretary: Doreen A. Flowers, Mgr.

Name of Treasurer: _____

 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: Doreen A. Flowers, Mgr.

Date 3/31/12

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: A.P. Flowers & Son, LLC
Address: 29 James St
City: Weburn State: MA Zip: 01801 Phone #: (781) 935-9367

- I am an employer with 3 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 Excavating Contractor

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Ins. Co.
Address: P.O. Box 1564
City: Elmira State: NY Zip: 14902 Phone #: 888-661-3938
Policy #: IHUB 4794N609 Expiration Date: 6/10/2012

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: Doreen Flowers, Mgr. Date: 3/13/12
Print Name: Doreen Flowers, Mgr.

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 _____



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 25285380 briefly described as DRAINLAYER CITY OF SOMERVILLE

for A. P. FLOWERS & SON, LLC, as Principal,

in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning April 17, 2012, and ending April 17, 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 29 day of February, 2012.



WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Senior Vice President

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