



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

LINSKEY CONSTRUCTION INC.
47 JEFFERSON AVENUE
SALEM, MA 01970

License #: 1080
Fee: 250.00
Account ID: 849
Reference #: 1080

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: LINSKEY CONSTRUCTION INC. Business Location: OUT OF AREA Business Phone: 978-744-2700	2014 MAR - 5 A 9:26 CITY CLERK'S OFFICE SOMERVILLE, MA
License Holder: LINSKEY CONSTRUCTION INC. 47 JEFFERSON AVENUE SALEM, MA 01970 978-744-2700	
Mailing Address: LINSKEY CONSTRUCTION INC. 47 JEFFERSON AVENUE SALEM, MA 01970	
Business Type: CORPORATION (INC. LLC) PRESIDENT - WILLIAM LINSKEY SECRETARY - WILLIAM LINSKEY TREASURER - WILLIAM LINSKEY	
FID: 042735658	
Food Manager/Emergency Contact: BILL LINSKEY 978-375-5601	

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 2/25/14
Print Name: William M Linskey, Jr Phone 978-744-2700

LICENSE OR PERMIT BOND

BOND NO. S-827361

KNOW ALL MEN BY THESE PRESENTS THAT WE,

Linskey Construction Inc of
47 Jefferson Ave Salem MA 01970 as Principal, and
NGM Insurance Company, a Florida corporation with its principal
office at 4601 Touchton Rd East Ste 3400 Jacksonville, FL 32245-6000, as Surety,
are held and firmly bound unto
City of Somerville

in the sum of Ten Thousand and 00/100 Dollars

(\$10,000.00), for the payment of which sum, well and truly to be made, we bind ourselves, our
personal representatives, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such, that whereas the Principal has obtained, or shall obtain, a license or permit from
the Obligee for Drainlayer License
at Somerville, MA for the term commencing on the 22nd day of
October, 2013 and ending on the 22nd day of October, 2014.

NOW, THEREFORE, if Principal shall faithfully observe and comply with all terms of the underlying license or permit, and
all Ordinances, Rules and Regulations, and any Amendments thereto, applicable to the obligation of this bond, then this
obligation shall become void and of no effect, otherwise to be and remain in full force and virtue.

The Surety may, if it shall so elect, cancel this bond by giving thirty (30) days written notice to the Obligee and the bond
shall be deemed canceled at the expiration of said period; the Surety remaining liable, however subject to all the terms,
conditions and provisions of this bond, for any act or acts covered which may have been committed by the Principal up to
the date of such cancellation.

PROVIDED, HOWEVER, that this bond may be continued from year to year by certificate executed by the Surety hereon.
Regardless of the number of years or terms this bond remains in effect, and regardless of the number and amount of
claims that may be made, the maximum aggregate liability of the Surety is limited to the penal sum of the bond.

SIGNED, SEALED AND DATED on this 22nd day of October, 2013.

Linskey Construction Inc

By _____

NGM Insurance Company

By Kathleen McCurdy

Kathleen McCurdy Attorney-in-Fact

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: Linskey Construction LLC

Address: 47 Jefferson Ave

City: Salem

State: MA

Zip: 01970 Phone #: 978-744-2700

I am an employer with 10 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: A.I.M. Mutual Insurance Co.

Address: 54 Third Ave PO Box 4070

City: Burlington

State: MA

Zip: 01803

Phone #: 781-221-1600

Policy #: WWC-100-6017997-2013A

Expiration Date: 12/04/2014

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: William M. Linskey, Jr

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Board of Health

Building Department

City/Town Clerk

Licensing Board

Selectmen's Office

Other _____

Contact Person: _____ Phone #: _____