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	. <u></u> Ω	2017							
License Number: #190982 Business Name: J. Marchese and Sons	ΘΥ 200	=							
Location: N/A	Em.	=							
Special Conditions (if any):	E S	ם ס							
Renewal Fee (Return with this application): \$250	OFFIC	7							
PLEASE FILL IN ALL SIX BOXES BELOW:	1849 1	36							
The DBA Name of the Business: J. Marchese & Sons TNC									
Somerville Address and Zip Code: 69 Nor Han St Event My	4 00	149							
Phone Number of the Business: 617-389-4040									
$\sim \infty$									
The Legal Name of the License Holder: 5 Marchex 4500		· <u></u>							
Street Address of the License Holder: 69 Norman Street									
City, State and Zip Code of the License Holder: Exett, DA 02149									
Phone Number of the License Holder: 6/7-389-4040									
Email Address of the License Holder: Marchese 4040@ 006.00	<u> 17</u>								
Where We Should Send Mail: Name: J. Marchex + Sons the									
Street Address: 69 Workan Street									
· ·									
City, State and Zip Code: Every mA 02149									
Email: marchese 4040 e 901.com									
Phone Number: 617-389-4040									
7 1 17 19 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18									
Federal ID # (Do Not Give a Social Security #): 04-2759455		 _							

Emergency Contact and Phone (For Fire Dept. Use): Michael Marchese 617-212-0039

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: John J. Marchese.
Name of Secretary: EL: 26 beth Marchese
Vorporation (inc. LLC): Name of President: John J. Marchese Name of Secretary: EL; 26beth Marchese Name of Treasurer: John J. Marchese
Other (Attach a Description of the Form of Ownership and the Names of Owners)
ent.
ings 7°
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurateAny changes above are subject to the approval of the Somerville Board of Aldermen.
-Any changes above are subject to the approval of the sometime Board of Theorem. -I have filed all State tax returns and paid all State taxes required by law for this business.
1/1/1
License Holder Signature: M. Marchen Date 46/12
Excense months.

Mon Aug 6 18:08:53 2012 From: Hall, Larry To: 916176254239 Page 2 of 3

Continuation Certificate

The Hartford Insurance Group

The Hartford Casualty Insurance Co

(hereinafter called the Company)

hereby continues in force its Bond No. 08BSBCI4393

in the sum of

Ten Thousand

Dollars,

on Behalf of

J. Marchese & Sons, Inc.

in favor of

City of Somerville

for the (extended) term beginning on

11/03/2011

and ending on 11/03/2012

subject to all the covenants and conditions of said Bond, said bond and this and all continuations thereof being one continuous contract.

This Continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the sum of

Ten Thousand

Dollars.

IN WITNESS THEREOF, the Company has caused this instrument to be signed by its officers proper for the purpose and its corporate seal to be hereto affixed on 11/03/2012

Laurence R. Hall, Attorney-in-Fact

Attest:

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: 3 Marchese 9) ons pue
DAD - 1017 389 - 404/
·
I am an employer with
Workers' compensation insurance information (if applicable):
Insurance Company Name: Seabosht Disurance
Address: 150N Radnor Chester Rd, Suite Ello
City: Radner State: PA Zip: 19087 Phone #:
Policy #: BB124604 Expiration Date: 4//3
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:
Print Name: John J. marchese
Official use only. Do not write in this area. To be completed by city or town official.
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 Contact Person: Phone #: Other
Contact Person: Phone #: Other

PRODUCES 978. 887. 490 Edward F. Sennot Insurance Agency, Inc. 16 South Main Street P. 0. 80x 457 Nost	ACORD CERTIFICATE OF LIABILITY INSURANCE						NCE [DATE (MM/DD/YYYY)			
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ACORD 25 (2009/01) FAX: 617.389.7310

Peter Sennott/LAR
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