

APPLICATION FOR DRAIN LAYING

Application Fee: \$250.00

Date 3-12-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3-17-2010
Amount Paid 250

CK 38961

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

CITY CLERK'S OFFICE
2010 MAR
A 9 2

Business Name: LaMountain Bros., Inc Phone: 508-987-5322

Business DBA Name (if applicable):

Address with Zip Code: 37 Federal Hill Rd Oxford, Ma 01540

Tax Identification Number: 042945627 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): LaMountain Bros., Inc

Address with Zip Code: 37 Federal Hill Rd Oxford, Ma 01540

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Peter LaMountain Phone: 508-889-4643

Emergency Contact 2: Ben LaMountain Phone: 508-726-9339

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) 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: Peter LaMountain

Address with Zip Code: Federal Hill Rd Oxford, Ma 01540

Partner's/Member's/Secretary's Name: Henry LaMountain

Address with Zip Code: Federal Hill Rd Oxford, Ma 01540

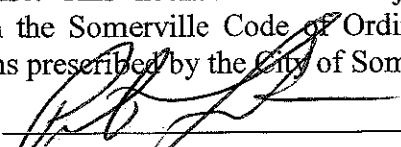
Partner's/Member's/Treasurer's Name: Henry LaMountain

Address with Zip Code: Federal Hill Rd Oxford, Ma 01540

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

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: 3-12-10
Print Name: Peter LaMountain Phone: 508-987-5322

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

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



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 25529833 briefly described as DRAINLAYER CITY OF SOMERVILLE

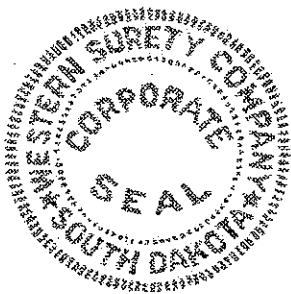
 for LA MOUNTAIN BROTHERS, INC.
 _____, as Principal,
 in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning March 28, 2010, and ending March 28, 2011, subject to all the covenants and conditions of the original bond referred to above.

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 19 day of January, 2010.

WESTERN SURETY COMPANY

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



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

**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.

LalMountain Bros Inc

*Signature of Individual or Corporate Name (Mandatory)

Ray J. Walker

By: Corporate Officer (Mandatory, if a corporation)

042945627

**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: Lamountain Bros Inc
Address: 37 Federal Hill Rd
City: Oxford State: Ma Zip: 01540 Phone #: 508-987-5322

- I am an employer with 80% 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: Commerce & Industry Ins
Address: Gore Rd
City: Webster State: MA Zip: 01570 Phone #: 508-987-0333
Policy #: WC5318512 Expiration Date: 9/30/10

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: Henry J Lamountain Date: 3-12-10
Print Name: Henry J Lamountain

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 _____