



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

CK 3210  
\$250

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CITY CLERK'S OFFICE  
SOMERVILLE, MA

**APPLICATION TO RENEW DRAIN LAYER LICENSE**

**JNJ SACCA INC**  
92 SPY POND PKWY  
ARLINGTON, MA 02474

License #: 694

Fee: 250.00

Account ID: 577

Reference #: 694

# 7040

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: For <b>JNJ SACCA INC</b><br>Business Location: <b>OUT OF AREA</b><br>Business Phone: <b>781-643-6109</b> |  |
| License Holder: <b>JNJ SACCA INC</b><br><b>92 SPY POND PKWY</b><br><b>ARLINGTON, MA 02474</b><br><b>781-643-6109</b>        |  |
| Mailing Address: <b>JNJ SACCA INC</b><br><b>ARLINGTON, MA 02474</b>   |  |
| Business Type: <b>CORPORATION (INC. LLC)</b><br><b>SECRETARY - JEFFREY SACCA</b><br><b>PRESIDENT - JONATHAN SACCA</b>       |  |
| FID: <b>263523501</b>   |  |
| Food Manager/Emergency Contact:<br><b>JONATHAN SACCA</b> <b>781-608-9257</b>  |  |

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: Jonathan R. Sacca Date 3-4-13  
Print Name: Jonathan R. Sacca Phone 781-643-6109



475 N. Martingale Road, Suite 850, Schaumburg, Illinois 60173  
Direct Dial: 847-273-1210, Toll free: 800-338-0753  
Fax: 847-273-1220

### CONTINUATION CERTIFICATE

#### KNOW ALL MEN BY THESE PRESENTS, THAT:

In consideration of the payment of a renewal premium, **NORTH AMERICAN SPECIALTY INSURANCE COMPANY**, as **SURETY**, does hereby continue

Bond Number : SUR 2151357 00  
Effective Date : 11/07/2011  
Amount of Bond : \$10,000  
Continued from : November 7, 2012 to November 7, 2013  
On behalf of JNJ SACCA, INC.

In favor of CITY OF SOMERVILLE

Provided, however, that this Continuation Certificate does not create a new obligation and is executed upon the express condition and provision that the Surety's liability under said bond and this and all Continuation Certificates issued in connection therewith shall not be cumulative and that said Surety's aggregate liability under said bond and this and all such Continuation Certificates on account of all defaults committed during the period (regardless of the number of years) said bond has been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Dated this 17 day of July, 2012

**NORTH AMERICAN SPECIALTY INSURANCE COMPANY**

By:   
Kay Hull, 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: JNJ Sacca, Inc.  
Address: 92 SPY Pond  
City: Arlington State: MA. Zip: 02474 Phone #: 781-643-6109

- I am an employer with \_\_\_\_\_ 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 \_\_\_\_\_

Workers' compensation insurance information (if applicable):

(A.M. TRUST North America)  
Insurance Company Name: Peerless Ins. Co. / Hub International NE  
Address: 299 Ballardvale Street  
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5100  
Policy #: TWC3336093 Expiration Date: 11-1-13

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: 3-6-13  
Print Name: Jonathan R Sacca

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 \_\_\_\_\_

