

## 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

License Number: #191126

Business Name: F.E. French Construction Inc

Location: N/A

Special Conditions (if any):

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

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 MAY 15 A 9 09  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

The DBA Name of the Business: F.E. French Construction Inc  
Somerville Address and Zip Code: 101-16 Clematis Ave Waltham MA 02453  
Phone Number of the Business: 781-899-3000

The Legal Name of the License Holder: F.E. French Construction Inc - Frank French  
Street Address of the License Holder: 101-16 Clematis Ave Waltham MA 02453  
City, State and Zip Code of the License Holder: 1 1 1  
Phone Number of the License Holder: 781-899-3000  
Email Address of the License Holder: ffrench@fefrench.com

Where We Should Send Mail: Name: F.E. French Construction Inc  
Street Address: 101-16 Clematis Ave  
City, State and Zip Code: Waltham MA 02453  
Email: ffrench@fefrench.com  
Phone Number: 781-899-3000

Federal ID # (Do Not Give a Social Security #): 04-3508422

Emergency Contact and Phone (For Fire Dept. Use): Frank French 617-908-7699

-OVER-

Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input type="checkbox"/> Corporation (inc. LLC): Name of President: _____
Name of Secretary: _____
Name of Treasurer: _____
<input type="checkbox"/> 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:** \_\_\_\_\_ **Date** \_\_\_\_\_

CONTINUATION  
CERTIFICATE

The Hanover Insurance Company, Surety upon

a certain Bond No. **BLN1703470**

dated effective **06/25/2010**  
(MONTH-DAY-YEAR)

on behalf of **F.E. French Construction Inc.**  
(PRINCIPAL)

and in favor of **City of Somerville, Massachusetts**  
(OBLIGEE)

does hereby continue said bond in force for the further period

beginning on **06/25/2012**  
(MONTH-DAY-YEAR)

and ending on **06/25/2013**  
(MONTH-DAY-YEAR)

Amount of bond **TEN THOUSAND AND NO/100THS(\$10,000.00)**

Description of bond **Drainlayer Permit**

Premium: **\$100.00**

**PROVIDED:** 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 the 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 had been and shall be in force, shall not in any event exceed the amount of said bond as hereinbefore set forth.

Signed and dated on **05/04/2012**  
(MONTH-DAY-YEAR)

**The Hanover Insurance Company**

By   
ATTORNEY-IN-FACT **Claire A. Cavanaugh**

**The Driscoll Agency**

Agent

**93 Longwater Circle, Norwell, MA 02061**

Address of Agent

**(781) 681-6656**

Telephone Number of Agent

**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: F.E. French Construction Inc  
Address: 101-16 Clematis Ave  
City: Waltham State: MA Zip: 02453 Phone #: 781-899-3000

- ☒ I am an employer with 12 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 Exemption

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Driscoll Insurance Agency  
Address: 93 Longwater Circle  
City: Norwell State: MA Zip: 02061 Phone #: 781-421-2496  
Policy #: WC005471775 Expiration Date: 2/1/13

**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: 5/12/12  
Print Name: Frank French

*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 \_\_\_\_\_