



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

P.T. KELLEY INC
65 OTIS ST
SOMERVILLE, MA 02145

License #: 346

Fee: 250.00

Account ID: 297

Reference #: 346

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: P.T. KELLEY INC Business Location: OUT OF AREA Business Phone: 617-625-5100 | |
| License Holder: P.T. KELLEY INC 65 OTIS ST SOMERVILLE, MA 02145 617-625-5100 | |
| Mailing Address: P.T. KELLEY INC 65 OTIS ST SOMERVILLE, MA 02145 | |
| Business Type: CORPORATION (INC. LLC) SECRETARY - PAUL KELLEY TREASURER - PAUL KELLEY PRESIDENT - STEPHEN KELLEY | |
| FID: 043031752 | |
| Food Manager/Emergency Contact: STEPHEN KELLEY 617-930-4943 | |
| | |

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: Stephen Kelley Date: 3/10/2014
Print Name: Stephen Kelley Phone: 617-930-4943



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 60760052 briefly described as DRAIN LAYER CITY OF SOMERVILLE
 _____,
 for P.T. KELLEY, INC.
 _____, as Principal,
 in the sum of \$ TEN THOUSAND AND NO/100 Dollars, for the term beginning May 01, 2014, and ending May 01, 2015, 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 March, 2014.



WESTERN SURETY COMPANY

By Paul T. Bruhat
 Paul T. Bruhat, Vice President

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



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: P. T. Kelley Inc.

Address of taxpayer/applicant's business in Somerville: 65 OTIS ST.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617625-5100 evening: 617930 4943

I, (print name) Stephen M. Kelley, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 10th day of March, 2014. Stephen Kelley
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

924 # 116072001 # NA # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:



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: P.T. KELLEY, INC.
 Address: 65 OTIS ST.
SOMERVILLE, MA 02145
 City: _____ State: _____ Zip: _____ Phone #: 617-625-5100

- I am an employer with 6 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: National Fire Insurance Company
 Address: c/o Eastern Insurance - 233 West Central St.
 City: Natick State: MA Zip: 01760 Phone #: 5086203487
 Policy #: 5091153595 Expiration Date: 02/01/2015

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: Stephen M. Kelley Date: 3/10/2014
 Print Name: Stephen M. Kelley

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 _____