



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**ATLANTIC EXCAVATION AND UTILITY CORP.
4 GERRISH STREET
BRIGHTON, MA 02135**

License #: **1030**

Fee: **250.00**

Account ID: **807**

Reference #: **1030**

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: ATLANTIC EXCAVATION AND UTILITY CORP. Business Location: OUT OF AREA Business Phone: 617-293-0233	
License Holder: ATLANTIC EXCAVATION AND UTILITY CORP. 4 GERRISH STREET BRIGHTON, MA 02135 617-293-0233	
Mailing Address: ATLANTIC EXCAVATION AND UTILITY CORP. 4 GERRISH STREET BRIGHTON, MA 02135	
Business Type: CORPORATION (INC. LLC) PRESIDENT - GERRY MCGATH TREASURER - GERRY MCGATH SECRETARY - GERRY MCGATH	
FID: 043494425	
Food Manager/Emergency Contact: GERRY MCGATH	

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: _____ Date _____

Print Name: _____ Phone _____

APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00 ^{2014 JUN 24 A 7:09} FOR CITY CLERK'S OFFICE ONLY
Date 6/23/14 Date Recorded _____
CITY CLERK'S OFFICE Amount Paid _____
SOMERVILLE, MA

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

Business (DBA) Name: ATLANTIC Excavation & Utility Phone: (17 293 0233)

Applicant's Federal Employer Identification Number: 04 3494425

Applicant's Legal Name: _____

Applicant's Address (with Zip Code): 4 Gerrish st Brighton MA 02135

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: Gerry MC GATH Phone: 617 293 0233

Type of Business (Check Only One and Provide the Names Indicated):

- Sole Proprietor:** Name of Owner: Gerry MC GATH
- Partnership (inc. LLP):** Name of Partnership: _____
Names of All Partners Who Own More Than 10%: _____
- Trust:** Name of Trust: _____
Names of All Trustees Who Own More Than 10%: _____
- Corporation:** Name of Corporation: ATLANTIC Excavation & Utility Corp
Name of President: Gerry MC GATH
Name of Secretary: _____ Name of Treasurer: _____
- LLC:** Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____
- Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: _____

Attach a Drain Layers Bond in the amount of \$10,000.

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. 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.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:

ENGINEERING DEPARTMENT RECOMMENDATION:

The Engineering Department recommends that the application be: Approved Denied

Signature _____ Date _____

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: ATLANTIC EXCAVATION

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | |
|---|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).
<input type="checkbox"/> I am a sole proprietor or partnership and have no employees.
<input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
<input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | Business Type:
<input type="checkbox"/> Retail
<input type="checkbox"/> Restaurant/Bar/Eating Establishment
<input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Health Care
<input type="checkbox"/> Other _____ |
|---|--|

Workers' compensation insurance information (if applicable):

Insurance Company Name: Liberty Mutual

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: WC 2315342271032 Expiration Date: 7/22/14

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: 6/23/14

Print Name: Gerry MC EATH

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

	<input type="checkbox"/> Board of Health
	<input type="checkbox"/> Building Department
	<input type="checkbox"/> City/Town Clerk
	<input type="checkbox"/> Licensing Board
	<input type="checkbox"/> Selectmen's Office
	<input type="checkbox"/> Other _____

Contact Person: _____ Phone #: _____