

## TOWN OF SCITUATE COMMONWEALTH OF MASSACHUSETTS RENEWAL----- APPLICATION FOR DRAINLAYER'S LICENSE 2024

The undersigned hereby applies for a license as a Master Drainlayer as per the Rules and Regulations amended in 2021 by the Board of Selectmen.

Address:       (Street)       (City)       (Zip)         Telephone:       (Office)       (Cell)       (E-mail)         And in consideration of such license the Town of Scituate is exonerated from all liability growing out of this licer and hereby agrees to save the Town harmless from any damage upon doing any work under this license, and, further, that I will in all respects conform to the Rules & Regulations established by the Board of Selectmen.         License Application:       Date       Signature of Applicant         JOB LOCATION:       LICENSE REQUIREMENTS       Please include copies of the insurance certificates listed below, complete the Worker's Compensati Affidavit and submit three (3) references.         General Liability       \$1,000,000 Each Occurrence       Expiration Date         Hire Damage       \$100,000       Expiration Date         Worker's Comp       \$100,000       Expiration Date         Worker's Comp Affidavit       Date Signed:       Date         Worker's Comp Affidavit       Date Signed:       Date         Bond       ****3 WRITTEN REFERENCES****       LICENSE FEE         Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this application       New Application Fee:       \$200.00         New Application Fee:       \$200.00       Renewal Application Fee:       \$200.00         New Application Fee:       \$200.00       Renewal Applicat	Name:				-
Telephone:       (Office)       (Cell)       (E-mail)         And in consideration of such license the Town of Scituate is exonerated from all liability growing out of this licer and hereby agrees to save the Town harmless from any damage upon doing any work under this license, and, further, that I will in all respects conform to the Rules & Regulations established by the Board of Selectmen.         License Application:	Address:				_
(Office)       (Cell)       (E-mail)         And in consideration of such license the Town of Scituate is exonerated from all liability growing out of this license, and, further, that I will in all respects conform to the Rules & Regulations established by the Board of Selectmen.         License Application:	Telephone:	(Street)	( City)		
Date       Signature of Applicant         JOB LOCATION:         LICENSE REQUIREMENTS         Please include copies of the insurance certificates listed below, complete the Worker's Compensation Affidavit and submit three (3) references.            General Liability        \$1,000,000 Each Occurrence       Expiration Date	And in consideration of such license and hereby agrees to save the Town	the Town of Scituate is exc harmless from any damag	onerated from all e upon doing ar	l liability growing out of this I ny work under this license, a	nd,
JOB LOCATION:         LICENSE REQUIREMENTS         Please include copies of the insurance certificates listed below, complete the Worker's Compensati Affidavit and submit three (3) references.         General Liability       \$1,000,000 Each Occurrence       Expiration Date         Fire Damage       \$100,000       Expiration Date         Auto Combined Single       \$ 500,000       Expiration Date         Worker's Comp       \$100,000       Expiration Date         Workers Comp Affidavit       Date Signed:	License Application:			-	
LICENSE REQUIREMENTS         Please include copies of the insurance certificates listed below, complete the Worker's Compensation Affidavit and submit three (3) references.         General Liability       \$1,000,000 Each Occurrence       Expiration Date		Date		Signature of Applicant	
Fire Damage       \$ 100,000       Expiration Date	Please include copies of the in	surance certificates liste	d below, comp	-	sation
Auto Combined Single       \$ 500,000       Expiration Date	General Liability	\$1,000,000 Each	Occurrence	Expiration Date	
Worker's Comp       \$ 100,000       Expiration Date         Workers Comp Affidavit       Date Signed:         Performance & Guarantee       \$ 10,000.00       Expiration Date         Bond       Expiration Date       Expiration Date         Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this application       Expiration         New Application Fee:       \$200.00       Renewal Application Fee:       \$200.00         *NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE       Expiration         Date       Date       Supervisor-Sewer Division	Fire Damage	\$ 100,000		Expiration Date	
Workers Comp Affidavit       Date Signed:         Performance & Guarantee       \$ 10,000.00       Expiration Date         Bond       ****3 WRITTEN REFERENCES****         LICENSE FEE       Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this application         New Application Fee:       \$200.00         *NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE         RECOMMENDED APPROVALS         Date	Auto Combined Single	\$ 500,000		Expiration Date	
Performance & Guarantee       \$ 10,000.00       Expiration Date         Bond       ****3 WRITTEN REFERENCES****       LICENSE FEE         Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this applicatio       New Application Fee: \$200.00         New Application Fee:       \$200.00       Renewal Application Fee: \$200.00         *NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE         RECOMMENDED APPROVALS         Date       Supervisor-Sewer Division	Worker's Comp	\$ 100,000		Expiration Date	
Bond         ****3 WRITTEN REFERENCES****         LICENSE FEE         Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this applicatio         New Application Fee:       \$200.00         *NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE         RECOMMENDED APPROVALS         Date       Supervisor-Sewer Division	Workers Comp Affidavit			Date Signed:	
LICENSE FEE         Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this application         Image: Supervisor Sever Division       Image: Supervisor-Sever Division         Image: Supervisor-Sever Division	Bond			Expiration Date	
Please enclose a check in the appropriate amount payable to the Town Of Scituate along with this application         New Application Fee:       \$200.00         *NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE         RECOMMENDED APPROVALS         Date       Supervisor-Sewer Division	□ <sup>•••••</sup> 3 WRITTEN REFERE		FF		
*NEW APPLICANTS MUST PROVIDE THREE WORK REFERENCES WITH THIS APPLICATION (SEE PART TWO FOR NEW APPLICANTS – PAGE RECOMMENDED APPROVALS Date Supervisor-Sewer Division	Please enclose a check in the ap			cituate along with this applic	ation.
RECOMMENDED APPROVALS         Date       Supervisor-Sewer Division	New Application Fee: <u>\$20</u>	Renewal Application Fee: <u>\$200.00</u>			
Date Supervisor-Sewer Division	*NEW APPLICANTS MUST PROVIDE THREE WO	ORK REFERENCES WITH THIS API	PLICATION (SEE PA	RT TWO FOR NEW APPLICANTS - F	AGE ON
'		RECOMMENDED AI	PPROVALS		
Data Director DDW	Date		Supervisor-Sewer Division		
Date Director - DPW	Date		Director - DPW		
LICENSE ISSUED BY THE SELECT BOARD LICENSE #	LICENSE ISSUED BY THE SELECT	BOARD		LICENSE #	
CHAIRMAN DATE	CHAIRMAN		DATE		
RETURN APPLICATION AND APPROPRIATE FEES AND PAPERWORK TO: TOWN OF SCITUATE – SEWER DIVISI					

TOWN OF SCITUATE – SEWER DIVISION 161 DRIFTWAY SCITUATE, MA 02066