



Town of West Boylston
APPLICATION FOR DRAINLAYERS LICENSE

Name of company: _____

Address: _____

Phone: _____

Does hereby request a license to lay drains in the Town of West Boylston, Massachusetts.

The following information is submitted as requested:

Number of people of full-time employment _____

Experience: _____

Description of equipment: _____

References:

Name, employer, position, telephone:

Name, employer, position, telephone:

Name, employer, position, telephone:

In consideration of the granting of this licensure, the undersigned agrees:

- To accept and abide by the provisions of the Drainlayers License Regulations and all other pertinent rules and regulations, that may be adopted in the future. All materials used in connection with this License will meet the requirements of the Director of Public Works, the West Boylston Road Opening Permit Regulations and the requirement of the utility.
- To submit a copy of a Certificate of Insurance naming the Town of West Boylston and any subcontractors employed by the license holder as an also insured, in accordance with the rules and Regulations, with one (1) year minimum expiration date.
- To post a Performance Bond in accordance with the provisions in the Drainlayers License regulations, with a one (1) year minimum expiration date.
- To notify the Director of Public Works of any changes or additions to this application and cooperate at all times with the Director or his designee.
- To be held liable for all the work done for a period of one (1) year from the date of completion.
- License shall expire in conjunction with the expiration of the Certificate of Insurance and/or Performance Bond, two (2) years from the date of issue.
- Have the indemnification form signed and notarized.
- Attach a list of names, addresses and license numbers of all operators operating equipment under this license.
- The drainlayer shall notify the Director in writing, if the operators working under this permit changes.

Signed: _____

Address: _____

Application approved and license granted:

Number: _____

Date: _____

Fee: _____

Signed _____
Director of Public Works

INDEMNIFICATION

The contractor will indemnify and hold harmless the Town of West Boylston and its agents and employees from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from the performance of work which is described or otherwise addressed in the attached permit provided that any such claims, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom; and is caused in whole or in part by any negligent or willful act or omission of the contractor, and or subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

CONTRACTOR

The contractor's signature is to witnessed by a Notary Public who shall duly notarize this form.

Date: _____

Signature: _____
Notary Public

Print: _____
Notary Public