TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

Engineering Division

MEMORANDUM

To: Select Board
From: Engineering Division
Re: Approved Contractor License
Date: May 6, 2019

Dear Board Members,

Reference is hereby made to an application by Gregory Gullage Jr. of StrongBack Systems, to be accepted as an Approved Contractor in the Town of Arlington.

Contact information is as follows:

StrongBack Systems
150 Andover Road
Billerica, MA 01821
Phone: 978-327-9883
Email: strongbacksystems1@gmail.com

As a previously approved contractor in good standing, and upon review of the provided references, we recommend approval and issuance of an Approved Contractor and Drainlayer license.

Regards,

William C. Copithorne, P.E.
Assistant Town Engineer

CC: File

TOWN OF ARLINGTON
DEPARTMENT OF PUBLIC WORKS

APPLICATION FOR
TOWN OF ARLINGTON
DPW CONTRACTOR LICENSE

Directions: Please complete <u>ALL</u> fields below and **deliver the completed application to the Department of Public Works Engineering Department** at 51 Grove Street for Processing and Submission to the Board of Selectmen. Please also include in your submission a $75.00 application fee in the form of a check payable to the "Town of Arlington". Any questions regarding this application form or procedure should be directed to the Town of Arlington Engineering Department at 781-316-3386.

Scope of Work

Please indicate the scope of work you intend to perform as a DPW Approved Contractor in the Town of Arlington (check all that apply):

[x] Water   [x] Sanitary Sewer   [x] Stormwater Drainage   [ ] Sewer/Drain Inspection   [ ] Driveway Work   [x] Curb/Sidewalk Work

Applicant Information

Applicant/Firm Name: Strong Back Systems

Select One: [ ] Corporation   [ ] Partnership   [x] Proprietorship   [ ] Other:

Street Address: 150 Andover rd   **City/Town:** Billerica   **State:** MA

Primary Phone: 978 3279883   **E-mail:** STRONGBACKsystems1@GMAIL.com

Length of Time in Business under the same Firm Name: 4 years

Full Name(s) of Principal(s): Greg Gullage Jr

Primary Contact Person: same

Experience/Previous Work

Nature of Typical/Standard Work: water, sewer, Drainage services

Have you ever performed this type of work in Arlington: [x] Yes   [ ] No

If Yes, Please provide Location: 22 Oldham rd   **Approximate Date:** 9-17

Total Amount of such construction <u>this</u> year: 100,000.00

Total Amount of such construction <u>last</u> year: 75,000.00

Total Amount of such construction <u>next previous</u> year: 70,000.00

Municipal References - Please Attach Written Reference Letters

Municipality:

Primary Contact Name: **Email:**

Municipality: SEE ATTACHed

Primary Contact Name: **Email:**

Municipality:

Primary Contact Name: **Email:**

Banking/Financial References - Please Attach Written Reference Letters if Available

Bank Reference: Cambridge Savings Bank   **Phone:** 617 441 4207

Federal Tax ID or Social Security #:

Note to Town Staff: Redact Social Security # before releasing document

Your social security number or federal identification number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency <u>will be subject to license suspension or revocation.</u> This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.

Signature/Endorsement

By signing below, I certify that under the penalties of perjury that to the best of my knowledge and belief all information on this application is true and correct. I also certify by signature below that I/we have filed all state tax returns and paid all state taxes as required by law. I also hereby agree to conform in all respects to the conditions governing such license as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen and/or Department of Public Works may establish.

Applicant Signature: _[signature]_   **Date:** 4-19-19

[Reset Form]
[Print Form]