



# TOWN OF ARLINGTON DEPARTMENT OF PUBLIC WORKS

## APPLICATION FOR TOWN OF ARLINGTON DPW CONTRACTOR LICENSE

**Directions:** Please complete ALL 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):

☒ Water ☒ Sanitary Sewer ☒ Stormwater Drainage ☐ Sewer/Drain Inspection ☒ Driveway Work ☒ Curb/Sidewalk Work

### Applicant Information

Applicant/Firm Name: GW Gately Inc  
Select One: ☒ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: \_\_\_\_\_  
Street Address: 1 Summit St City/Town: Woburn State: MA  
Primary Phone: 617-590-4021 E-mail: GWGately@Comcast.net  
Length of Time in Business under the same Firm Name: 37 years  
Full Name(s) of Principal(s): George W Gately Jr  
Primary Contact Person: Same

### Experience/Previous Work

Nature of Typical/Standard Work: Sewer and Water Connections  
Have you ever performed this type of work in Arlington: ☒ Yes ☐ No  
If Yes, Please provide Location: Many jobs - none recently Approximate Date: \_\_\_\_\_  
Total Amount of such construction this year: 30,000 in Arlington +  
Total Amount of such construction last year: None in Arlington  
Total Amount of such construction next previous year: None in Arlington

### Municipal References - Please Attach Written Reference Letters

Municipality: Woburn  
Primary Contact Name: Jay Duran Email: Jduran@CityOfWoburn.com  
Municipality: Winchester  
Primary Contact Name: Paul Gangi Email: p.gangi@winchester.us  
Municipality: Arlington  
Primary Contact Name: Lisa Matarazzo Email: l.matarazzo@Arlington.org

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

Bank Reference: Northern Bank & Trust Phone: 781-937-5414  
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 will be subject to license suspension or revocation. 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: George W Gately Jr Date: 4/9/20

Reset Form

Print Form