



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

APPLICATION TO RENEW DRAIN LAYER LICENSE

**K.B. ARUDA CONSTRUCTION INC
319 HURLEY ST.
CAMBRIDGE, MA 02141**

License #: **660**

Fee: **250.00**

Account ID: **543**

Reference #: **660**

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: K.B. ARUDA CONSTRUCTION INC Business Location: OUT OF AREA Business Phone: 617-650-8342	
License Holder: K.B. ARUDA CONSTRUCTION INC 319 HURLEY ST. CAMBRIDGE, MA 02141 617-650-8342	
Mailing Address: K.B. ARUDA CONSTRUCTION INC 319 HURLEY ST. CAMBRIDGE, MA 02141	
Business Type: CORPORATION (INC. LLC) PRESIDENT - KEVIN ARUDA JR. SECRETARY - KEVIN ARUDA JR. TREASURER - KEVIN ARUDA JR.	
FID: 421695329	
Food Manager/Emergency Contact: KEVIN ARUDA 617-650-8342	

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

Date 5/11/14

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

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

Business (DBA) Name: K.B. ARUDA Phone: (617) 650-8342
Applicant's Federal Employer Identification Number: 42-1695329
Applicant's Legal Name: KEVIN ARUDA JR.
Applicant's Address (with Zip Code): 9 CLINTON PLACE EVERETT MASS 02149
Mailing Name (where we should send correspondence to): SAME
Mailing Address (with Zip Code): SAME
Emergency Contact: KEVIN ARUDA Phone: (617) 650-8342


Type of Business (Check Only One and Provide the Names Indicated):
Sole Proprietor: Name of Owner:
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: K.B. ARUDA CONSTRUCTION INC.
Name of President: KEVIN ARUDA JR.
Name of Secretary: SAME Name of Treasurer: SAME
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: K.B. ARUDA Construction LLC

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: 5/1/14
Print Name: KEVIN ARUDA JR. Phone: (617) 650-8342

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: V.B. ARUDA

Address: Box 390822

City: CAMBRIDGE State: MA Zip: 02139 Phone #: (617) 650-8342

- I am an employer with 2 employees (full and/or part time). **Business Type:**
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - Other GENERAL CONST.
- I am a sole proprietor or partnership and have no employees.
- We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
- We are a nonprofit organization staffed by volunteers and have no employees.

Workers' compensation insurance information (if applicable):

Insurance Company Name: Tony NORTHWEST

Address: 300 CONGRESS ST.

City: Quincy State: MASS Zip: _____ Phone #: (617) 713-9200

Policy #: QC2010SSUB Expiration Date: 3/24/15

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: 5/1/14

Print Name: _____

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

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____