



**CITY OF SOMERVILLE**  
 Commonwealth of Massachusetts  
 93 Highland Avenue  
 Somerville, MA 02143  
 (617) 625-6600

**Application to Renew Drain Layer License**

**CELIBERTI REALTY LLC**  
**33A MYSTIC AVENUE**  
**MEDFORD MA 02155**

**License #:** BL15-001031  
**File #:** 15-808  
**Fee:** 250

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.

| <b>INFORMATION ON FILE:</b>  | <b>CHANGES:</b> (Note below or explain on a separate sheet) |
|--|---|
| <b>Business/DBA Name:</b> CELIBERTI REALTY LLC<br><b>Business Location:</b> 0 OUT OF AREA<br><b>Business Phone:</b> 781-718-8008 |   |
| <b>License Holder:</b> CELIBERTI REALTY LLC<br>33A MYSTIC AVENUE<br>MEDFORD MA 02155   |   |
| <b>Mailing Address:</b> CELIBERTI REALTY LLC<br>33A MYSTIC AVENUE<br>MEDFORD MA 02155  |   |
| <b>Business Type:</b> Corporation<br>UMBERTO CELIBERTI<br>UMBERTO CELIBERTI<br>UMBERTO CELIBERTI                                 |   |
| <b>FID:</b> 454793935  |   |
| <b>Emergency Contact:</b> SAL CELIBERTI<br><b>Phone:</b> 781-391-3800  |   |

**Conditions:** *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

The City of Somerville, through the DPW Engineering Department, is hereby issuing to each licensed drainlayer a new Permit Manual that explains and defines the City's standards for work in and around the City's Infrastructure. A digital copy of this manual can be found, and printed for your records, at <http://www.somervillema.gov/departments/dpw/engineering>. Each licensed Drainlayer shall be required to adhere to the rules and regulations set forth in this manual or risk losing his license as a Drainlayer in the City. ***In addition, all utility work performed will require "as built" drawings (with ties) of the work, must be submitted to the Engineering Department within a week of its completion. No further permits will be issued until all "as-built" plans have been received and accepted by the Engineering Office.***

By accepting these conditions, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual.

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# APPLICATION FOR DRAIN LAYING

Nonrefundable Application Fee \$250.00

Date 4/7/15

|                              |   |
|------------------------------|---|
| FOR CITY CLERK'S OFFICE ONLY |   |
| Date Recorded                | <u>2015 APR 10 A 10:44</u>                          |
| Amount Paid                  | <u>CITY CLERK'S OFFICE</u><br><u>SOMERVILLE, MA</u> |

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

cell 781-718-8008

Business (DBA) Name: CKL, Inc. Phone: 781-391-3800

Applicant's Federal Employer Identification Number: 45-4793935

Applicant's Legal Name: CKL, Inc

Applicant's Address (with Zip Code): 33A Myrtle Ave. Medford, MA 02155

Mailing Name (where we should send correspondence to): "Same"

Mailing Address (with Zip Code): ↓

Emergency Contact: Rob Celiberti Phone: 781-718-8008

|   |  |
|---|--|
| Type of Business (Check Only One and Provide the Names Indicated):  |  |
| <input type="checkbox"/> <b>Sole Proprietor:</b> Name of Owner: _____   |  |
| <input type="checkbox"/> <b>Partnership (inc. LLP):</b> Name of Partnership: _____                            |  |
| Names of All Partners Who Own More Than 10%: _____  |  |
| _____   |  |
| <input type="checkbox"/> <b>Trust:</b> Name of Trust: _____   |  |
| Names of All Trustees Who Own More Than 10%: _____  |  |
| _____   |  |
| <input checked="" type="checkbox"/> <b>Corporation:</b> Name of Corporation: <u>CKL, Inc.</u>                 |  |
| Name of President: <u>Umberto Celiberti</u>   |  |
| Name of Secretary: <u>Umberto Celiberti</u> Name of Treasurer: <u>Umberto Celiberti</u>                       |  |
| <input type="checkbox"/> <b>LLC:</b> Name of LLC: _____   |  |
| Names of All Managers Who Own More Than 10%: _____  |  |
| _____   |  |
| <input type="checkbox"/> <b>Other</b> (Attach a Description of the Form of Ownership and the Names of Owners) |  |

Business (DBA) Name: \_\_\_\_\_

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: 4/17/15

Print Name: Umberto Celiberti Phone: 787-718-8028

**FOR ALL APPLICANTS WITHOUT A CURRENT LICENSE:**

**ENGINEERING DEPARTMENT RECOMMENDATION:**

Fax letters of recommendation from three municipal references to the Engineering Department at 617 625-4454. After you've faxed the references, contact them at 617 625-6600 x5400 to arrange for the following sign-off.

The Engineering Department recommends that the application be:  Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

# CITY OF SOMERVILLE

SOMERVILLE • MASSACHUSETTS 02145

DPW - ENGINEERING DEPARTMENT

1 FRANEY ROAD ~ 1<sup>ST</sup> FLOOR

PHONE: 617-625-6600 • FAX: 617-625-4454

January 2014

Dear Licensed Drainlayers,

As you are aware, a drainlayer's license entitles an individual to make application for a permit to lay pipe and install appurtenances, with the proper approvals, in City Right-of-Ways, for the purpose of conveying sanitary waste water, surface and subsurface runoff, potable water, and to undertake other permitted and approved work within the limits of public ways and easements or which might have impact on systems that affect the public health & safety and the integrity of the City's Infrastructure.

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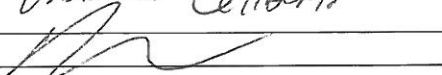
By signing below, you acknowledge receipt of this manual and agree to adhere to the rules and regulations set forth in this manual. Permits will not be issued until this letter has been signed and returned to the DPW – Engineering Department.

The Engineering Department welcomes the opportunity to work with you and your company in 2014. Please feel free to contact this office if there are any questions.

Signed,

Somerville DPW – Engineering Department

I hereby certify that I am familiar with the rules and regulations set forth in the City of Somerville Permit Manual and I further attest that I will work in conformance with said rules and regulations.

Name: Umberto Celiberti Date: 4/7/15  
Signature:  Title: President  
Company: CRL, Inc.

ISSUED THROUGH

# A. A. DORITY COMPANY

BOSTON

## CONTINUATION CERTIFICATE

The **NGM Insurance Company**, hereinafter called the Company, hereby continues in force its **Drainlayers Permit** Bond Number **560705**

in the sum of **Ten Thousand dollars (\$10,000.00)**

on behalf of

**Celiberti Realty, LLC**

located at

33A Mystic Avenue  
Medford, MA 02155

in favor of **City of Somerville, MA**

for the term beginning **August 27th, 2014** and ending on **August 27th, 2015**, subject to all covenants and conditions of said bond.

This Continuation is executed upon the express condition that the Company's liability shall not be cumulative and shall be limited at all times by the amount of the penalty stated in the bond.

In witness whereof, the Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact and its Corporate Seal to be hereto affixed this day, July 14, 2014

NGM Insurance Company

By: 

Katie E. Ford

Attorney-in-Fact

A. A. Dority Company, Inc.

262 Washington Street, Suite 99

Boston, MA 02108

(617) 523-2935 Fax: 617-523-1707

**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: CRK, Inc.  
 Address: 33A Mystic Ave  
 City: Needham, MA State: \_\_\_\_\_ Zip: 02155 Phone #: 781-391-3800

- I am an employer with 10-20 employees (full and/or part time). **Business Type:**  Retail  
 I am a sole proprietor or partnership and have no employees.  Restaurant/Bar/Eating Establishment  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Office and/or Sales (real estate, auto, etc.)  
 We are a nonprofit organization staffed by volunteers and have no employees.  Nonprofit  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  Entertainment  
 We are a nonprofit organization staffed by volunteers and have no employees.  Manufacturing  
 We are a nonprofit organization staffed by volunteers and have no employees.  Health Care  
 We are a nonprofit organization staffed by volunteers and have no employees.  Other \_\_\_\_\_

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Clear Insurance  
 Address: 226 Causeway St Suite 302  
 City: Boston, State: MA Zip: 02114 Phone #: 617-723-0700  
 Policy #: 33758 Expiration Date: 2/15/16

**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: 4/7/15  
 Print Name: Umberto Celoberto

**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 \_\_\_\_\_

(revised Jan. 2008)

