

# APPLICATION FOR DRAIN LAYING

2011 APR -7 P 3:45

Application Fee \$250.00

Date 1-3-2011

CITY CLERK'S OFFICE  
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/7/11

Amount Paid \$250-

☒ New Application

☐ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business Name: K.B. ARUDA CONSTRUCTION INC. Phone: (617) 492-0202

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

Address with Zip Code: P.O. BOX 390822 CAMBRIDGE, MA 02139

Tax Identification Number: 42-165329 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): - SAME -

Address with Zip Code: - SAME -

Property Owner Name: K.B. ARUDA CONSTRUCTION Phone: (617) 492-0202

Address with Zip Code: - SAME -

Emergency Contact 1: KEVIN ARUDA JR. Phone: (617) 650-8342

Emergency Contact 2: OFFICE PHONE Phone: (617) 492-0202  
(MONITORED 24 HRS)

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☒ Corporation (inc. LLC) ☐ Other \_\_\_\_\_

IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: KEVIN B. ARUDA JR.

Address with Zip Code: P.O. BOX 390822 CAMBRIDGE, MA 02139

Partner's/Member's/Secretary's Name: - SAME -

Address with Zip Code: \_\_\_\_\_


Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Attach a Drain Layers Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing that whoever signs for the corporation has the legal authority to do so.

#### 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.

Signature of Applicant:  Date: 1-3-2011  
Print Name: KEVIN B. 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 04-07-11

# Drain-Layer's Bond

Bond # GC0436

*Know all Men by these Presents,*

That we, (name and address) K. B. Aruda Construction, Inc., PO Box 390822, Cambridge, MA 02139 phone: 617-492-0202 in the Commonwealth of Massachusetts, as Principal, and (name) Contractors Bonding and Insurance Company as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the sum of Ten Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Whereas the said Principal has this day been granted a license as a drain-layer by the Board of Aldermen of said City, according to the provisions of a certain ordinance of said City relating to sewers, and whereas a bond is required to be given by him as such drain-layer, according to the following provisions of said ordinance, to wit: Every person licensed as provided in the preceding section shall, before performing any work authorized thereby, execute an agreement or bond, in the sum of Ten Thousand Dollars, with one or more sureties, satisfactory to the Board of Aldermen, that he will properly make the openings into all common sewers opened by him; that he will construct or repair the drains to be connected by him with the common sewers or with other drains in a thorough and workmanlike manner; that he will leave no material or obstruction of any description in the sewer which he may open, or in any drain leading into any sewer; that he will properly close up the excavation, and restore the earth and pavement taken up, and regrade and repave the street, and put it in good and proper condition, and remove all superfluous material, all to the satisfaction of the street commissioner; and if he fail so to do, or if at any time within one year from the date of the completion of any drain the surface of the street shall settle or otherwise become unsafe for public travel, then the street commissioner shall repave and regrade the street at the expense of the said drain-layer, and within five days thereafter deliver a bill of the same to the city auditor for collection, and said drain-layer shall immediately pay the same, and he shall not be entitled to receive another permit until the said bill and all other bills of expense incurred by the City on account of his negligence or default shall be paid in full; also, that he will cause a sufficient fence to be placed so as to enclose the excavation and the earth, stone and other material which may be put into the street, and that he will maintain such fence during the whole time such excavation, earth or other material may obstruct the street, and will cause a sufficient number of lighted lanterns to be maintained in suitable places over such excavation, earth, material, and fence, from the beginning of twilight every evening and through every night during the time such obstruction in the street may exist; and, further that he will comply with the ordinances which may be at any time in force in relation to sewers, drains and streets, and with such orders and regulations as the Board of Aldermen have adopted, or may from time to time adopt, for the government of persons licensed to construct or repair private drains, or open or dig in the street for that purpose; and that he will indemnify and save harmless the City from all damages, costs and expenses which it may incur or sustain, by reason of any and all injuries resulting to anyone in person or property, from the neglect or carelessness of himself or his servants in opening, closing, making or repairing any sewer or drain, in performing work connected therewith, or in properly fencing, or in lighting by night, any excavation or obstruction caused or made by him or his servants, or which the City may incur or sustain in any other manner by reason of the excavation or construction of any sewer or drain by him or his servants or agents, or any work or acts performed or done by him or them connected therewith.


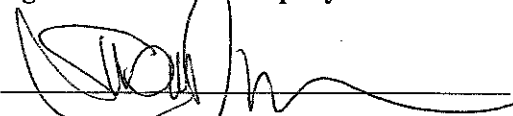
Now, therefore, the condition of this obligation is such that if the said Principal shall well and truly perform each and all of the provisions and terms of said ordinance above set forth and on his part to be performed, then this obligation shall be void; otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this 3rd day of January, 2011 in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority): K. B. Aruda Construction, Inc.

Signature x  Witness x 

For the Surety (Affix Seal and Attach Power of Attorney): Contractors Bonding and Insurance Company

Signature  Witness   
Carl L. Traina, Attorney-in-Fact



## LIMITED POWER OF ATTORNEY

Not Valid for Bonds

Power of Attorney

Executed On or After: **SEPTEMBER 30TH, 2011**

Number: **248778**

### **READ CAREFULLY - to be used only with the bond specified herein**

Only an unaltered original of this Power of Attorney document is valid. A valid original of this document is printed on gray security paper with black and red ink and bears the seal of Contractors Bonding and Insurance Company (the "Company"). The original document contains a watermark with the letters "cbic" embedded in the paper rather than printed upon it. The watermark appears in the blank space beneath the words "Limited Power of Attorney" at the top of the document and is visible when the document is held to the light. This document is valid solely in connection with the execution and delivery of the bond bearing the number indicated below, and provided also that the bond is of the type indicated below. This document is valid only if the bond is executed on or before the date indicated above.

KNOW ALL MEN BY THESE PRESENTS, that the Company does hereby make, constitute and appoint the following: **CARL L. TRAINA and LOUIS A. TONRY, JR.** its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver on behalf of the Company: (1) any and all bonds and undertakings of suretyship given for any purpose, provided, however, that no such person shall be authorized to execute and deliver any bond or undertaking that shall obligate the Company for any portion of the penal sum thereof in excess of \$10,000,000, and provided, further, that no Attorney-in-Fact shall have the authority to issue a bid or proposal bond for any project where, if a contract is awarded, any bond or undertaking would be required with penal sum in excess of \$10,000,000; and (2) consents, releases and other similar documents required by an obligee under a contract bonded by the Company. This appointment is made under the authority of the Board of Directors of the Company.

### **CERTIFICATE**

I, the undersigned secretary of Contractors Bonding and Insurance Company, a Washington corporation, DO HEREBY CERTIFY that this Power of Attorney remains in full force and effect and has not been revoked, and, furthermore, that the resolutions of the Board of Directors set forth on the reverse are now in full force and effect.

Bond Number

**GC0436**

Signed and sealed this

**3rd**

day of

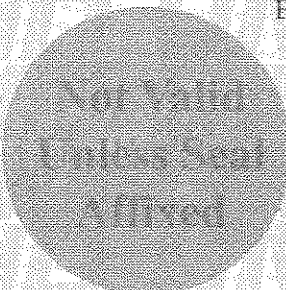
**January**

**2011**

R. Kirk Eland, Secretary

CBIC • 1213 Valley Street • P.O. Box 9271 • Seattle, WA 98109-0271  
(206) 622-7053 • (800) 765-CBIC (Toll Free) • (800) 950-1558 (FAX)

Post POA-08-US0061307



## CERTIFICATE OF CORPORATE AUTHORITY

I, KEVIN B. ARUDA JR., Clerk of  
Name of Clerk or Secretary  
K.B. ARUDA CONSTRUCTION INC. hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the 1-3-2011 day of  
Date  
1 Month 2011 Year, at which a quorum was present and voting throughout, the following  
vote was duly passed and is now in full force and effect:

VOTED: That *[Signature]* be and  
Name of Officer authorized to sign for the Corporation  
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to  
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and  
other obligations of the Corporation, the execution of any such contract, bond or obligation by  
such *[Signature]* PRESIDENT to be valid  
Name of Officer authorized to sign for the Corporation  
and binding upon this Corporation for all purposes. This vote remains in full force and effect,  
and

has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that KEVIN B. ARUDA JR.  
Name of Officer authorized to sign for the Corporation  
is the duly elected PRESIDENT of said Corporation.  
Title

Signed *[Signature]*  
Clerk or Secretary

Place of Business CAMBRIDGE, MASS

Date 1-3-2011

AFFIX CORPORATE SEAL HERE

WITNESSED IN HAND & SEALED BY:  
*[Signature]* - PRESIDENT

In the event that the Clerk or Secretary is the same person as the Officer authorized to  
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-  
signed by another Officer of the Corporation.

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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.

K.B. ARUDA CONSTRUCTION INC.

\*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

42-1695329

\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees 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 Mass. G.L. c. 62C s. 49A.

**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: K.B. ARUDA CONSTRUCTION INC.

Address: P.O. BOX 390822

City: CAMBRIDGE

State: MA

Zip: 02139

Phone #: (617) 492-0202

☒ I am an employer with 3 employees (full and/or part time).

☐ 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.

- |                                                                        |
|------------------------------------------------------------------------|
| <input type="checkbox"/> Retail                                        |
| <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> Nonprofit                                     |
| <input type="checkbox"/> Entertainment                                 |
| <input type="checkbox"/> Manufacturing                                 |
| <input type="checkbox"/> Health Care                                   |
| <input type="checkbox"/> Other _____                                   |

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

Insurance Company Name: ALBERT J. TONRY CO. INC.

Address: 300 CONGRESS STREET

City: Quincy

State: MASS

Zip: 02169

Phone #: (617) 773-9200

Policy #: BE010172753

Expiration Date: 8-31-2011

**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: Kevin B. Aruda Jr.

Date: 1-3-2011

Print Name: KEVIN B. ARUDA JR.

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

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- |                                              |
|----------------------------------------------|
| <input type="checkbox"/> Board of Health     |
| <input type="checkbox"/> Building Department |
| <input type="checkbox"/> City/Town Clerk     |
| <input type="checkbox"/> Licensing Board     |
| <input type="checkbox"/> Selectmen's Office  |
| <input type="checkbox"/> Other _____         |

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

(revised Jan. 2008)