



## **GUIDE TO EXCAVATING CONTRACTORS REGISTRATION**

Pursuant to Section 6-19 of the General Code of the City of Chelsea Ordinances, all excavating contractors must obtain registration annually before conducting any excavating activities in the City. Registration is valid from the issue date through the following April 30. The fee is \$100.00.

Complete this Application for Registration as instructed below.

1. Fill in all information requested on the Application. Fill in and sign the REAP Attestation. Fill in and sign the State Dept. of Industrial Accidents Workers' Compensation Insurance Affidavit – General Business.
2. Obtain a Bond in the amount of \$10,000. If you are a corporation, attach the Certificate of Corporate Authority showing proof of legal authority to bind corporation.
3. If you are renewing a current registration, obtain a Continuation Certificate showing that your existing Bond remains in effect.
4. If your business has a City of Chelsea address, obtain a sign-off on the Certificate of Good Standing by the City Treasurer (City Hall, 500 Broadway, 617-466-4240), to confirm that all taxes, fines and fees have been paid, during the following hours: Mon., Wed., & Thu. 8:00AM–4:00PM, Tues. 8:00AM-7:00PM, Fri 8:00AM-12:00PM. Please note that the Treasury requires five business days for processing.
5. Submit the application to the Department of Public Works (City Hall, 500 Broadway, Room 310, 617-466-4200). The Director of Public Works has up to ten days to sign off on the application, before the registration can be issued.



IF A PARTNERSHIP (Attach additional sheets as necessary):

Partner 1's Name: \_\_\_\_\_

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

Partner 2's Name: \_\_\_\_\_

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

Attach a 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 City of Chelsea Department of Public Works, any applicable State and Federal laws, and any conditions prescribed by the City of Chelsea.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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.

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\* Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\* 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.

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

- 1. Exact name of taxpayer/applicant's business: \_\_\_\_\_
- 2. Address of taxpayer/applicant's business in Chelsea: \_\_\_\_\_
- 3. Address of taxpayer/applicant's home in Chelsea: \_\_\_\_\_
- 4. Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_

# \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

**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:** Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

I am a sole proprietor and have no one working in any capacity. **Business Type:**  Retail  Restaurant/Bar/Eating Establishment  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  
 Other \_\_\_\_\_

I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies.

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_ **policy #:** \_\_\_\_\_

**company name:** \_\_\_\_\_

**address:** \_\_\_\_\_

**city:** \_\_\_\_\_ **phone #:** \_\_\_\_\_

**insurance co.:** \_\_\_\_\_ **policy #:** \_\_\_\_\_

**Attach additional sheet if necessary**

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: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**official use only do not write in this area to be completed by city or town official**

city or town: \_\_\_\_\_ permit/license #: \_\_\_\_\_  Building Department

check if immediate response is required

- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

# CERTIFICATE OF CORPORATE AUTHORITY

I, \_\_\_\_\_, Clerk of  
Name of Clerk or Secretary

\_\_\_\_\_ hereby certify that,  
Name of Corporation

at a meeting of the Board of Directors of said Corporation duly held on the \_\_\_\_\_ day of  
Date

\_\_\_\_\_, \_\_\_\_\_, at which a quorum was present and voting throughout, the following  
Month Year

vote was duly passed and is now in full force and effect:

VOTED: That \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_  
Name of Officer authorized to sign for the Corporation

is the duly elected \_\_\_\_\_ of said Corporation.  
Title

Signed \_\_\_\_\_  
Clerk or Secretary

Place of Business \_\_\_\_\_

Date \_\_\_\_\_

AFFIX CORPORATE SEAL HERE

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 countersigned by another Officer of the Corporation.

Countersigned \_\_\_\_\_

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

## Municipal References

**A.** Municipality: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

**B.** Municipality: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

**C.** Municipality: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_