

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00

Date 9/29/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 10/3/2011

Amount Paid 550.00

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: DELTA TAU DELTA FOUNDATION Phone: 860-989-5829

Business Location (with Zip Code): OF TUFTS UNIVERSITY 98 PROFESSOR'S ROW - 02123

Applicant's Legal Name: DELTA TAU DELTA FOUNDATION OF TUFTS UNIVERSITY INC.

Applicant's Address (with Zip Code): 98 PROFESSOR'S ROW, SOMERVILLE, 02123

Applicant's Email Address: FRANK@MAIRANO.COM

Applicant's Federal Employer Identification Number: 23-7048605

Mailing Name (where we should send correspondence to): 76 FRANK S MAIRANO

Mailing Address (with Zip Code): 60 DYON AVE, CANTON, CT 06019

Emergency Contact: FRANK MAIRANO Phone: 860-989-5829

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: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2011 OCT - 3 P 2:26
CITY CLERK'S OFFICE
SOMERVILLE, MA

Number of residents at this lodging house: 27**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: [Signature] Date: 9/29/11Print Name: Frank J. Miranda Phone: 603-887-5829President DTD Foundation of Tufts University Inc

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10-4-11</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10/3/11</u> <u>CAPT. M. Avery</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10/3/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10-3-11</u> <u>Al Bignard</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10-3-11</u> <u>[Signature]</u> Health Inspector or Designee	

Number of residents at this lodging house: 27

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Signature of Applicant: [Signature] Date: 9/29/11
Print Name: Frank J. Mirano Phone: 860-981-5829
PRESIDENT DTO FOUNDATION OF TUFTS UNIVERSITY INC

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10/3/11</u> <u>CAPT. Mike Avery</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10/3/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10-3-11</u> <u>Al Bryant</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>10-3-11</u> <u>[Signature]</u> Health Inspector or Designee	

**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.

Delta Tau Delta Foundation of Tufts University, Inc.

*Signature of Individual or Corporate Name (Mandatory)

Jonathan Stearns, Treasurer

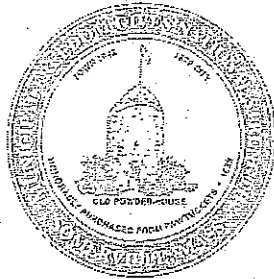
By: Corporate Officer (Mandatory, if a corporation)

23-7046605

**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.



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

Elizabeth A. Craveiro
CMMC/Treasurer

WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Jonathan Stearns
PLEASE PRINT
2. Business Location: 98 Professors Row
AND/OR
3. Taxpayer's Home Address: _____
Phone: Day _____ Evening _____
4. Business Owner's Home Address: _____
Business Owner's Phone: Day _____ Evening: _____
5. Business I.D. Number: _____

I, Jonathan Stearns, Treasurer, the undersigned Taxpayer, do
Taxpayer Print Name Delta Tau Delta Foundation of Tufts University, Inc.
hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have
been paid and/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

Jonathan Stearns

(Business/Real Estate Owner's Signature)

Delta Tau Delta Foundation
of Tufts University, Inc.

PRINT Business/Real Estate Owners Name

Date of Issuance: _____ Includes Postings Through _____

Tax and Account Number(s) Included in Certificate:

RE 0418010 12486 Water/Sewer 346046021 Personal Property _____

CLERK'S INITIALS: A

PLEASE CHECK ONE: _____ Business Permit OR _____ Building Permit

received
Other 9-26-11

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: Delta Tau Delta Fraternity of Tufts University Inc.
Address: 90 Professors Row, Somerville 02123.
City: _____ State: MA Zip: 02123 Phone #: 617-997-5829

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <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: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: _____ Expiration Date: _____

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: 2/29/11
Print Name: FERRICK WILKINSON, President.

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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____