

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 3-24-11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-5-11
Amount Paid \$500-

CR 0000468240

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

Applicant's Legal Name: Trustees of Tufts College Phone: 617-628-5000

Applicant's Address (with Zip Code): _____

Applicant's Email Address: _____

Applicant's Federal Employer Identification Number: 042-103-634

Business DBA Name (if applicable): Mayer Campus Center

Business Location (with Zip Code): 44 Professors Row, Somerville MA 02144

Mailing Name (where we should send correspondence to): Tufts University Dining Services

Mailing Address (with Zip Code): 89 Curtis Street, Medford MA 02155

Emergency Contact: Patricia L. Klos Phone: 617-627-3751

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: Lawrence S. Bacow

Address with Zip Code: 161 Packard Avenue, Medford MA 02155

Partner's/Member's/Secretary's Name: Paul Tringale

Address with Zip Code: 11 Crest Road, Medford MA 02155

Partner's/Member's/Treasurer's Name: Thomas S. McGurty

Address with Zip Code: 295 West Road, Hampstead NH 03841

CITY CLERK'S OFFICE
SOMERVILLE, MA
2011 APR - 5 A 10:31

Extended hours requested (include hours of operation and days of week) _____
September - May: Thursday - Saturday evenings 12am-2am

Type of business University Food Services

Length of time at this location since 1985

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: Patricia Klos Date: 3-24-11

Print Name: Patricia L. Klos Phone: 617-627-3751

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

Approved

Denied

Signature: _____ Name and Title: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Tufts University

Address of taxpayer/applicant's business in Somerville: Mayer Campus Center, 44 Professors Row

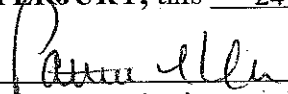
Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-627-3751 evening: _____

I, (print name) Patricia L. Klos, 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 24th day of

March, 2011


(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: _____

99744196 # 334020001 # _____ # _____

NOTES:

CLERK'S INITIALS: Λ

ORIGINAL STAMP: 

RECEIVED
1-3-28

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.

TRUSTEES OF TUFTS COLLEGE

*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

04 210 3634

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

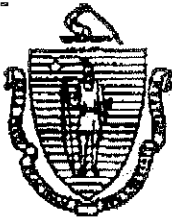
* This license will not be issued unless this certification clause is signed by the applicant.

** 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.

FROM :

FAX NO. :617-627-3902

May. 19 2010 10:58AM P 2



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Tufts University - Dining Services

Address: 89-91 Curtis Street

City/State/Zip: Somerville MA 02144

Phone #: 617-627-3750

Are you an employer? Check the appropriate box:

- 1. I am an employer with 3500 employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other Educational

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Trustees of Tufts College

Insurer's Address: C/O Risk Management 419 Boston Ave

City/State/Zip: MEDFORD, MA 02155

Policy # or Self-ins. Lic. # SELF INSURED Lic # 702 Expiration Date: 7/1/11

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). N/A

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature]

Date: 5/19/10

Phone #: 617 627 3951

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____