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550.00

**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE**

**TRUSTEES OF TUFTS COLLEGE  
TISCH LIBRARY CAF ē  
TUFTS UNIVERSITY DINING SERVIC  
89 CURTIS ST  
SOMERVILLE, MA 02144**

License #: 48

Fee: 550.00

Account ID: 55

Reference #: 48

# 7048

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.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: For <b>TISCH LIBRARY CAFE</b> Business Location: <b>35 PROFESSORS ROW</b> Business Phone: <b>617-628-5000</b>	
License Holder: <b>TRUSTEES OF TUFTS COLLEGE TISCH LIBRARY CAF ē TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE, MA 02144 617-628-5000</b>	
Mailing Address: <b>TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC) PRESIDENT - ANTHONY MONACO SECRETARY - PAUL TRINGALE</b>	Treasurer: Thomas S. McGlynn
FID: <b>042103634</b>	
Food Manager/Emergency Contact: <b>PATRICIA KLOS</b> <b>617-627-3751</b>	

2013 APR - 1 PM 4: 15  
CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Hours: **Sep-May, Su-Th to 1AM**

Description of Location and/or Other Conditions:

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: Patricia Klos Date 3-14-13

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

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

**Applicant information:**

Name: Tufts University - Dining Services  
Address: 89-91 Curtis Street  
City: Somerville MA State: MA Zip: 02144 Phone #: 617-627-3750

I am an employer with 3500 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  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Educational

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

Insurance Company Name: SELF - INSURED  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: 702 Expiration Date: 7/1/2013

**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: BRET MURKAY Date: 11/7/2012  
Print Name: BRET MURKAY

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 #: \_\_\_\_\_

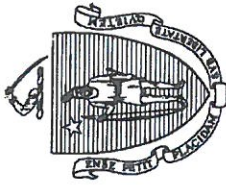
Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.  
702

Serial No.  
**11629**



This is to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES CORP.

of 169 Holland Street, Somerville, MA 02144 having conformed with the provisions of  
sub-paragraph ( 2, b ) of Section 25A of Chapter 152 of the General Laws is hereby licensed  
to be a

**SELF-INSURER**

This license is effective for a period of one year from the F I R S T day of

J U L Y 20 12 at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

D I R E C T O R

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Trustees of Tufts College

Address of taxpayer/applicant's business in Somerville: Tisch Library Cafe, 35 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 14th day of March, 20 13. Patricia L. Klos  
(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: \_\_\_\_\_

# 09210221 / 1256/      # No acct      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: K

ORIGINAL STAMP: 