

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Lodging House License

WALNUT HILL PROPERTIES CORP PO BOX 53053 MEDFORD MA 02153 License #:

BL15-000112

File #:

15-125

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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: ALPHA OMICRON PI Business Location: 25 WHITFIELD RD Business Phone: 781-391-5300	
License Holder: WALNUT HILL PROPERTIES CORP PO BOX 53053 MEDFORD MA 02153	47 Winthrop St Mcaford MA 02155
Mailing Address: WALNUT HILL PROPERTIES CORP PO BOX 53053 MEDFORD MA 92153	as above
Business Type: Corporation LINDA SNYDER THOMAS MCGURTY ROBERT CHIHADE	
FID: 043419100	
Emergency Contact: ROBERT CHIHADE Phone: 781-391-5300	
Name of lodging house: Not yet provided. Location of lodging house: 25 WHITFIELD RD # of Residents: 12	

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 Br	OARD OF AL	DERMEN.		
-I have filed all State tax returns and paid all State taxes required by law for this business.						
	1	CL	Date:	7/29/15		
Signature:		111		701 701 5200		
Printed Name:	Robert	O. Chihade	Phone:	781 - 391 - 5300		

APPLICATION FOR A LODG	GING HOUSE LICENSE
Nonrefundable Application Fee_\$550.00	FOR CITY CLERK'S OFFICE ONLY
M/1/15	Date Recorded 28
Date	Amount Paid
New Application	DFFFIC MA
Renewing Application with Additions or Change	S
X Renewing Application with NO Additions or Cha Walnut Hill Proper Business (DBA) Name: <u>Aba Alpha Omicron</u>	hes Corp, 25 WHITFIELD RD.
Business (DBA) Name: dba Alpha Omicron	Phone: 781.341.3300
Applicant's Federal Employer Identification Number	r: <u>04 · 34] 4 00</u>
Applicant's Legal Name: Walnut Hill	Properties Corporation
Applicant's Legal Name: Walnut Hill Applicant's Address (with Zip Code): 47 Winth	rop St, Medford MA 02155
Mailing Name (where we should send correspondence to):_	same
Mailing Address (with Zip Code):	
Emergency Contact: Robert O. Chi	hade Phone: 781.391-5306
Type of Business (Check Only One and Provide th	e Names Indicated):
Sole Proprietor: Name of Owner:	
Partnership (inc. LLP): Name of Partnership:	
Names of All Partners Who Own More Than 1	0%:
Trust: Name of Trust:	
Names of All Trustees Who Own More Than 1	0%:
X Corporation: Name of Corporation: Wa Name of President: Linda Snyder Name of Secretary: Robert O. Chihade	Inut Hill Properties Corp
Name of President: Linda Snyder	
Name of Secretary: Robert O. Chihade	ame of Treasurer: Thomas S. Mc Gurty
LLC: Name of LLC:	
Names of All Managers Who Own More Than	10%:
Other (Attach a Description of the Form of Ov	vnership and the Names of Owners)

Business (DBA) Name: Alpha Omicron Pi				
Number of residents at this lodging house: 12				
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. 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. Signature of Applicant: Date: 7/1/15 Phone: 761.391.5306 Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.				
Approved Denied Date 7/7/15 Police Chief or Designee Date 7/7/15 Approved Denied Date 7/7/15 Chief Fire Engineer or Designee Approved Denied Date 7/7/15 Highways Lights & Lines Sup't or Designee Approved Denied Date 7/7/15 Building Inspector or Designee				
Health Inspector or Designee				



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING Exact name of taxpayer/applicant's business: Walnut HM Properties Corporations Address of taxpayer/applicant's business in Somerville: 47 Winthrop St, Medford MA 02155 Address of taxpayer/applicant's home in Somerville: ____ Taxpayer/applicant's phone: day: 781 · 391 · 5300 evening: __ Robert O. Chihade I, (print name) _, 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 _ CITY'S ACKNOWLEDGEMENT ____ INCLUDES RELEVANT POSTINGS THROUGH: ___ DATE OF ISSUANCE: TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE: ☐ Other: Real Estate ☐ Personal Property NOTES:

> SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143 (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682 WWW.SOMERVILLEMA.GOV

CLERK'S INITIALS:



The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information	Please Print Legibly			
Business/Organization Name: Trustees of Tufts Colle	ge and Walnut Hill Properties Corp.			
Address: 169 Holland Street				
City/State/Zip: Somerville, MA 02144	Phone #: 617-627-3981			
Are you an employer? Check the appropriate box: 1. ✓ I am a employer with 4,500 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.] *Any applicant that checks box #1 must also fill out the section below showing **If the corporate officers have exempted themselves, but the corporation has of organization should check box #1.	11. Health Care 12. Other			
I am an employer that is providing workers' compensation instance Company Name: Self-Insured with Excess insurant Insurer's Address: 59 Maiden Lane, Suite 2700 City/State/Zip: New York, NY 10038-4647 Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015 Attach a copy of the workers' compensation policy declaration Failure to secure coverage as required under Section 25A of MC fine up to \$1,500.00 and/or one-year imprisonment, as well as continuous forms.	EPP00063 Expiration Date: Both 07/01/2016 on page (showing the policy number and expiration date). GL c. 152 can lead to the imposition of criminal penalties of a ivil 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 the Signature: Phone #: 617-627-3981	at the information provided above is true and correct. Date: $7/1/20/5$			
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 Persons	Phone #			



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PROI	DUCER		CONTACT Leslie Emack				
Risk Strategies Company			PHONE (A/C, No, Ext): (617) 330-5700 FAX (A/C, No): (617) 439-3752				
160	Federal Street		E-MAIL ADDRESS: lemack@risk-strategies.com				
			INSURER(S) AFFORDING COVERAGE NAIC #				
Bos	ton MA 02110				& General Ins Co		
INSU	RED		INSURER B:				
Tru	stees Of Tufts College		INSURER C:				
	Holland Street-TAB Building		INSURER D :				
		13	INSURER E :				
Som	erville MA 02144						
_		TE NUMBER:CL1571964	INSURER F:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES OF INS					LICY PERIOD	
IN	DICATED. NOTWITHSTANDING ANY REQUIREN	MENT. TERM OR CONDITION	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	WHICH THIS	
	RTIFICATE MAY BE ISSUED OR MAY PERTAIN					THE TERMS,	
INSR	CLUSIONS AND CONDITIONS OF SUCH POLICIE	BRI					
LTR	TYPE OF INSURANCE INSD WA	/D POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ DAMAGE TO RENTED		
	CLAIMS-MADE OCCUR				PREMISES (Ea occurrence) \$		
					MED EXP (Any one person) \$		
					PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$		
	POLICY PRO- LOC				PRODUCTS - COMP/OP AGG \$		
	OTHER:				\$		
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$		
	ANY AUTO				BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED AUTOS AUTOS				PROPERTY DAMAGE (Per accident) \$		
					\$		
	UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE				AGGREGATE \$		
	DED RETENTION\$				\$		
	WORKERS COMPENSATION				X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT \$	1,000,000	
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	WC2015EPP00063	7/1/2015	7/1/2016	E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		21 (22)	2 2 2	E.L. DISEASE - POLICY LIMIT \$	1,000,000	
	BESSKI FIGHTOL SI ENVITIONS BESSW						
					st.		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACC	ORD 101, Additional Remarks Sched	ule, may be attached if m	ore space is requ	uired)		
	ued as Evidence of Insurance.		\$4 B				
	TIFICATE USI DED		CANCELLATION	3/11			
CEF	RTIFICATE HOLDER		CANCELLATION				
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Tufts University 169 Holland Street Somerville, MA 02144			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
			ACCORDANCE WI	TH THE POLIC	CY PROVISIONS.	1	
			ALIVIA DIVERDI DE DE DE CENTRA TIVE				
			AUTHORIZED REPRESENTATIVE				
	a		Michael Chris	tian/TEM	mo Che		
			LITCHAGT CHITTS	CTOIL TELL			