



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. 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.

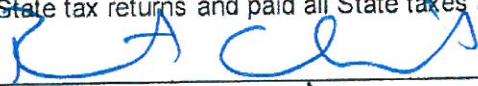
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: ALPHA OMICRON PI Business Location: 25 WHITFIELD RD Business Phone: 781-391-5300	
License Holder: WALNUT HILL PROPERTIES CORP PO BOX 53053 MEDFORD MA 02153	47 Winthrop St Medford MA 02155
Mailing Address: WALNUT HILL PROPERTIES CORP PO BOX 53053 MEDFORD MA 02153	as above
Business Type: Corporation LINDA SNYDER THOMAS MCGURTY ROBERT CHIHADÉ	
FID: 043419100	
Emergency Contact: ROBERT CHIHADÉ Phone: 781-391-5300	
Name of lodging house: Not yet provided. Location of lodging house: 25 WHITFIELD RD # of Residents: 12	

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:  Date: 7/29/15
Printed Name: Robert O. Chihade Phone: 781-391-5300

APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date 7/1/15

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	_____

2015 JUL 29 AM 10:46
 CITY CLERK'S OFFICE
 SOMERVILLE, MA

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Walnut Hill Properties Corp, 25 WHITFIELD RD.
dba Alpha Omicron Pi Phone: 781-391-5300

Applicant's Federal Employer Identification Number: 04-3419100

Applicant's Legal Name: Walnut Hill Properties Corporation

Applicant's Address (with Zip Code): 47 Winthrop St, Medford MA 02155

Mailing Name (where we should send correspondence to): same

Mailing Address (with Zip Code): _____

Emergency Contact: Robert O. Chihade Phone: 781-391-5300

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____
 Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____
 Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: Walnut Hill Properties Corp
 Name of President: Linda Snyder
 Name of Secretary: Robert O. Chihade Name of Treasurer: Thomas S. McGurty

LLC: Name of LLC: _____
 Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership 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: [Signature] Date: 7/1/15
 Print Name: Robert O. Chihade Phone: 781-391-5306

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>7/13/15</u> <u>[Signature]</u> Police Chief or Designee <u>Duty Chief</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/7/15</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/7/15</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/7/15</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-7-15</u> <u>[Signature]</u> Health Inspector or Designee	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Walnut Hill Properties Corporation
Address of taxpayer/applicant's business: ~~in Somerville:~~ 47 Winthrop St, Medford MA 02155
Address of taxpayer/applicant's home in Somerville: - 25 Whitfield Rd
Taxpayer/applicant's phone: day: 781-391-5300 evening: 781-391-5300

I, (print name) Robert O. Chihade, 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 1st day of July, 2015. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 7-7-15 INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
16531 # 33404400 # _____ # _____

NOTES:

CLERK'S INITIALS: JK

ORIGINAL STAMP:

7-7-15 JK



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 College and Walnut Hill Properties Corp.

Address: 169 Holland Street

City/State/Zip: Somerville, MA 02144 Phone #: 617-627-3981

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>4,500</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input checked="" type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*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: Self-Insured with Excess insurance through New York Marine & General Ins. Co.

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 # W2015EPP00063 Expiration Date: Both 07/01/2016

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

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: 7/11/2015

Phone #: 617-627-3981

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 #: _____

