



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

2015 AUG 26 P 2:55

CITY CLERK'S OFFICE  
 SOMERVILLE, MA

**Application to Renew Lodging House License**

**TRUSTEES OF TUFTS COLLEGE  
 TUFTS UNIVERSITY FACILITIES DE  
 520 BOSTON AVE  
 MEDFORD MA 02155**

**License #:** BL15-000088  
**File #:** 15-102  
**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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> CAPEN HOUSE <b>Business Location:</b> 8 PROFESSORS ROW <b>Business Phone:</b> 617-627-3992	
<b>License Holder:</b> TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
<b>Mailing Address:</b> TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
<b>Business Type:</b> Trust	
<b>FID:</b> 042103634	
<b>Emergency Contact:</b> <del>DANA ANDRUS</del> <b>Phone:</b>	Daniela Sousa 617-627-3992
<b>Name of lodging house:</b> Not yet provided. <b>Location of lodging house:</b> 8 PROFESSORS ROW <b># of Residents:</b> 16	Capen House

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: *Daniela Sousa* Date: 8/21/15

Printed Name: Daniela Sousa Phone: 617-627-5348

Business (DBA) Name: CAPEN HOUSE - 8 PROFESSORS ROW - TUFTS UNIVERSITY  
 Number of residents at this lodging house: 16

**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: 8/26/2015  
 Print Name: Daniela Sousa Phone: 617-627-3992

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>8/25/15</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/25/15</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/25/15</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-25-15</u> <u>[Signature]</u> Health Inspector or Designee	

## LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Capen House - Tufts University  
 Address (with Zip Code): 8 Professors Row Somerville, MA 02144  
 Name of Contact: Daniela Sousa Phone: 617-627-3992

Number of residents at this lodging house: 16

*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>8/26/15</u> <u>P. R. T. S.</u> Police Chief or Designee <u>Deputy Chief</u>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Chief Fire Engineer or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Highways, Lights & Lines Sup't or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Health Inspector or Designee	_____ _____





City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

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

Address of taxpayer/applicant's business in Somerville: 8 Professors Row Somerville, MA

Address of taxpayer/applicant's home in Somerville: Facilities Services - 520 Boston Ave, Medford, MA 02155

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) Daniela Sousa (agent), 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 10<sup>th</sup> day of

August, 2015. Daniela Sousa  
(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: \_\_\_\_\_  
# 99744080      # 334015001      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UB

**ORIGINAL STAMP:**

RECEIVED  
UB  
8-11-15



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

Are you an employer? Check the appropriate box:
1. [X] I am an 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.]
Business Type (required):
5. [ ] Retail
6. [ ] Restaurant/Bar/Eating Establishment
7. [ ] Office and/or Sales (incl. real estate, auto, etc.)
8. [X] Non-profit
9. [ ] Entertainment
10. [ ] Manufacturing
11. [ ] Health Care
12. [ ] Other

\*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: 8/24/2015

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 #:

