

CITY OF SOMERVILLE

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

Application to Renew Lodging House License 2015 AUG 26 P 3: 03

TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155 CITY CLERK'S OFFICE Lices##RVILBELIS \$400979

File #:

15-776

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, <u>attach proof showing the insurer and policy number</u>. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

01001	
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: TILTON HALL Business Location: 39 R LATIN WAY Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS Phone:	Daniela Sousa 617-627-3990
Name of lodging house: Not yet provided. Location of lodging house: 39 R LATIN WAY # of Residents: 152	Tilton Hall

I hereby certify under the penalties of perjury that the following is true: -All information shown above is true and accurateAny changes above are subject to the approval of the BOARD OF ALDERMENI have filed all State tax returns and paid all State taxes required by law for this business.								
Signature: Janielo Josa Printed Name: Daniela Soura.	Date: Phone:	8/21/15	ş					

Business (DBA) Name: Tilton HALL — Number of residents at this lodging house:	39R LATWWAY 152						
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: Date: Date:							
Print Name: Obtain the signatures below before submitting the Board of Aldermen.	Phone: 617-627 3992 this form to the City Clerk for consideration by						
ApprovedDenied Date Police Chief or Designee	Approved Denied Date 8/25-/15 LT R- Mac Laughlan Chief Fire Engineer or Designee						
Approved Denied Date 8/35/15 Highways, Lights & Lines Sup't or Designee	Mapproved Denied Date 8/25/15 Building Inspector or Designee						
Approved Denied Date 8,75/5 Health Inspector or Designee							

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Tilton Hall-	Tufts University					
Address (with Zip Code): 39R Latin Way Somerville, MA 62144						
Name of Contact: Daniela Sousa	Phone: 617-627-3992					
Number of residents at this lodging house:	ĺą					
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by					
Approved _Denied Date \$/46/15	ApprovedDenied Date					
Police Chief or Designee Dy ry Chief	Chief Fire Engineer or Designee					
ApprovedDenied Date	ApprovedDenied Date					
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee					
ApprovedDenied Date						
Health Inspector or Designee						



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

0.07.1977			
Exact name of taxpayer/ap	oplicant's business: Ti	Iton Hall-Tufts (Iniversity
Address of taxpayer/applic	cant's business in Some	erville: 39R Latin W	y Somenville, MA 02144 Boston Aw. Medford, MA 03
Address of taxpayer/applic	cant's home in Somervi	11e: Pacilities Services - 520	Boston Aw. Medford, MA O.
		3992 evening: <u>617-62</u>	
hereby certify that all the	information contained lid or that the Taxpayer	herein is true and correct and has entered into an agreem	d all taxes and fees
SIGNED UNDER THE P	PAINS AND PENALT	TES OF PERJURY, this (Taxpayer's signat	day of cure)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE: _	INCLUE	DES RELEVANT POSTINGS THROUG	Н:
TAXES AND ACCOUNT	Γ NUMBER(S) INCL	UDED IN CERTIFICATE:	
☐ Real Estate	☐ Water/Sewer	☐ Personal Property	Other:
#09200230	#	#	#
NOTES:			
CLERK'S INITIALS: _	- I R	ORIGINAL STAMP:	

W81115



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.

	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. 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 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: 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 Phone #:							
- 1								

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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.

neligy/igs) must be andersed If SURPOGATION IS WAIVED

1	mportant: If the certificate holde the terms and conditions of the police	y, cen	tain p	policies may require an e	ndors	ement. A sta	tement on t	his certificate de	pes not confe	r rights to the
certificate holder in lieu of such endorsement(s).					L CONTACT -					
PRO	DDUCER				CONTACT Leslie Emack					
Ri	sk Strategies Company				PHONE (A/C, N	o. Ext):	330-5700		(A/C, No): (617	439-3752
16	O Federal Street				ADDRE	ss:lemack	@risk-str	ategies.com	V	
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #
Bo	ston MA 02	2110			INSUR	ERA New Yo	rk Marin	e & General	Ins Co	
INS	URED				INSURI	ERB:				
Tr	ustees Of Tufts College				INSURI	ER C:				1
16	9 Holland Street-TAB Build	ling			INSUR	INSURER D:				
					INSURER E :					
So	merville MA 02	144			INSURI	RF:				
				NUMBER:CL1571964				REVISION NUM		
11	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUIP	REME	NT. TERM OR CONDITION	OF AN	IY CONTRACT	OR OTHER	DOCUMENT WIT	H RESPECT T	O WHICH THIS
E	XCLUSIONS AND CONDITIONS OF SUCI	H POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	S.	DSECT TO AL	LINE IERMS,
INSR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
-14	COMMERCIAL GENERAL LIABILITY	1,730			-			EACH OCCURRENCE	E S	
	CLAIMS-MADE OCCUR					**		DAMAGE TO RENTE PREMISES (Ea occu	nence) \$	
								MED EXP (Any one p		
								PERSONAL & ADV II	NJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE \$	
	POLICY PRO-							PRODUCTS - COMP	OP AGG \$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT S	
	ANY AUTO							BODILY INJURY (Per	r person) \$	
	ALL OWNED SCHEDULED AUTOS		3			6		BODILY INJURY (Per		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	E \$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER STATUTE	OTH- ER	
	ANY PROPRIETORIPARTNER/EXECUTIVE	NIA			1			E.L. EACH ACCIDEN	т \$	1,000,000
A (Mandatory in NH)		-1	WC2015EPP00063		7/1/2015	7/1/2016	E.L. DISEASE - EA E	MPLOYEE \$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT \$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC		ACORD	101, Additional Remarks Schede	ule, may	be attached if me	ore space is requ	ired)		
188	sued as Evidence of Insura	nce.								1
										1
CEF	RTIFICATE HOLDER				CANC	ELLATION				
	10									
	Tufts University 169 Holland Street				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Somerville, MA 02144				AUTHORIZED REPRESENTATIVE					

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MB Chuikin

Michael Christian/LEM