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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
MAYER CAMPUS CENTER
TUFTS UNIVERSITY DINING SERVIC
89 CURTIS ST
SOMERVILLE, MA 02144**

License #: 46
Fee: 550.00
Account ID: 52
Reference #: 46

7049

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 MAYER CAMPUS CENTER Business Location: 44 PROFESSORS ROW Business Phone: 617-628-5000	
License Holder: TRUSTEES OF TUFTS COLLEGE MAYER CAMPUS CENTER TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE, MA 02144 617-628-5000	2013 APR - 1 P 4: 1 CITY CLERK'S OFFICE SOMERVILLE, MA
Mailing Address: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ANTHONY MONACO SECRETARY - PAUL TRINGALE	Treasurer: <i>Thomas S. McGuffey</i>
FID: 042103634	
Food Manager/Emergency Contact: PATRICIA KLOS 617-627-3751	

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

Hours: **Sep-May, Th-Sa to 2AM**

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 L. 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 T. 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 _____

(revised Jan. 2008)

The Commonwealth of Massachusetts

License No.
702

DEPARTMENT OF INDUSTRIAL ACCIDENTS

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 FIRST day of

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

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Stephen P. Hillman
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: Mayer Campus Center, 44 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: _____

99744196 # 334020001 # _____ # _____

NOTES: 12562

CLERK'S INITIALS: JK

ORIGINAL STAMP: **RECEIVED**
4-1-13