

APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date Aug 10, 2015

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

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business (DBA) Name: Kappa Elders of Zeta Psi Phone: 617-213-0001
Applicant's Federal Employer Identification Number: 04-6243881
Applicant's Legal Name: James Tetter
Applicant's Address (with Zip Code): 1007 Johnnie Dodds Blvd Mt Pleasant SC 29464
Mailing Name (where we should send correspondence to): James Tetter
Mailing Address (with Zip Code): 1007 Johnnie Dodds Blvd Suite 101 Mt Pleasant SC 29464
Emergency Contact: James Tetter Phone: 617-213-0001

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: Kappa Chapter of the Zeta Psi Corp.
Name of President: James Tetter
Name of Secretary: David Khitikian Name of Treasurer: Sebastian Gonzalez

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: KAPPA CHAPTER OF ZETA PSI

Number of residents at this lodging house: 20

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: 8/18/15

Print Name: JAMES TETLEN Phone: 617 213 0001

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>[Signature]</u> Police Chief or Designee <u>Deputy Chief</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/26/15</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/10/15</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/10/15</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/10/15</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: 80 Professors Row

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-213-0001 evening: 617-213-0001

I, (print name) James Teller, 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 18 day of August, 2015.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 12854 Water/Sewer # 334023001 Personal Property # _____ Other: ✓

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

[Signature]
RECEIVED
8-24-15

**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, Mass. 02111**

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Kappa Eiders of Zeta Psi
 Address: 80 Professors Row
 City: Medford State: MA Zip: 02155 Phone #: 617-213-0001

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input checked="" type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: _____ Expiration Date: _____

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: James Tetler Date: 8/18/15
 Print Name: James Tetler

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 #: _____

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____

(revised Jan. 2008)