

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

TUFTS UNIVERSITY/JOHN KING
419 BOSTON AVE.DOWLING HALL
MEDFORD MA 02155

LIC #: 2011-243
B.O.A.# 181610

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: \_\_\_ Auto Body Work: \_\_\_ Parking or Storing Vehicles: X

Washing Vehicles: \_\_\_ Spray Painting: \_\_\_ Operating a Tow Vehicle: \_\_\_

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2011. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: TRUSTEES OF TUFTS COLLEGE TEL: 617-627-3502
Company Address: 00026 LOWER CAMPUS RD

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_
Gov't Partner

Owner Name: TUFTS UNIVERSITY/JOHN KING MARK Keith TEL: 617-627-3502

Owner Address: 419 BOSTON AVE.DOWLING HALL

Owner City: MEDFORD State: MA Zip: 02155

FID#: 042103634

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2011, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*
MONDAY-FRIDAY: 12:00 AM-12:00 PM
SATURDAY: 12:00 AM-12:00 PM
SUNDAY: 12:00 AM-12:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2011-243
FEE: \$500.00

This is to certify: TUFTS UNIVERSITY/JOHN KING
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/14/2006
Garage situated at: 00026 LOWER CAMPUS RD
Doing business as : TRUSTEES OF TUFTS COLLEGE
Shall not exceed: 136 Vehicles Inside
in addition the following restrictions apply:

APPROVED WITH CONDITIONS:

- 1. DEPENDENT ON SATISFACTORY ISD INSPECTION EVERY 60 DAYS.
2. DEPENDENT ON T&P TO INSPECT TRAFFIC MITIGATION AND LIGHTING.
3. PARKING FOR FACULTY AND STUDENTS NOT OVERFLOW

HOURS OF OPERATION: STUDENT PARKING 24HRS. 7 DAYS 365 DAYS YEAR

This renewal certificate must be signed by the holder of the license.
Check One: Owner \_\_\_ Occupant \_\_\_ Holder \_\_\_

Signature of Applicant

419 BOSTON AVE
Address

Medford MA 02155
City State Zip

\*\* Office Use Only \*\*
Mailed \_\_\_
Taken \_\_\_
Received:
City Clerk

2011 APR 13 A 10:01
CITY CLERK'S OFFICE
SOMERVILLE, MA

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

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.

TUFTS UNIVERSITY  
\_\_\_\_\_  
\* Signature of Individual or Corporate Name (Mandatory)

**Richard W. Reynolds**  
VP - Operations

By: Corporate Officer (Mandatory, if a corporation)

# 042103634  
\_\_\_\_\_  
\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: TRUSTEES of Tufts College

Address of taxpayer/applicant's business in Somerville: 169 Holland St.

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-627-3572 evening: \_\_\_\_\_

I, (print name) Louis Galvez, 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 6<sup>th</sup> day of APRIL, 2011. [Signature]  
(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: \_\_\_\_\_  
# 09200145      # 30611021      # No ACC      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**RECEIVED**  
[Signature] 4-13-11



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

name: Treasurer of Tufts College  
address: c/o Risk Management 169 Holland St.  
city: Somerville state: MA zip: 02144 phone #: 6176273392

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment
- I am an employer with 4000 employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  Other UNIVERSITY
- I am an employer providing workers' compensation for my employees working on this job.

company name:  
address:  
city:  
state:  
zip:  
phone #:

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

contractor name:  
address:  
city:  
state:  
zip:  
phone #:  
insurance policy:  
company name:  
address:  
city:  
state:  
zip:  
phone #:  
insurance policy:

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 year's 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 Investigation 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: David J. Slator Date: 4/6/11  
Print name: David J Slator Phone #: 6176273392

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_