

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00 _____

Date 9/20/10 _____

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>9-23-10</u>
Amount Paid	<u>500.00</u>

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

Business Name: Delta Upsilon Phone: (845) 825-2560

Business DBA Name (if applicable): _____

Address with Zip Code: 114 Professors Row, ~~Medford~~ ^{SOMERVILLE} MA 02155

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): _____

Address with Zip Code: _____

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: David Frew Phone: 617-238-7704

Emergency Contact 2: Matt Keller Phone: 617-238-8121

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: John Rincieri SOMERVILLE 02144

Address with Zip Code: 114 Professors Row, ~~Medford~~ MA 02155

Partner's/Member's/Secretary's Name: Carlo Corvini SOMERVILLE 02144

Address with Zip Code: 114 Professors Row, ~~Medford~~ MA 02155

Partner's/Member's/Treasurer's Name: Sam Sager SOMERVILLE 02144

Address with Zip Code: 114 Professors Row, ~~Medford~~ MA 02155

CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 SEP 23 10 51

Number of residents at this lodging house: 19

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.

Signature of Applicant: John Rindari Date: 9/20/10
Print Name: John Rindari Phone: 845-875-2560

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>9/23/2010</u> <u>Chief Phillip S. Cahill</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/23/10</u> <u>LT. Arvey</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/22/10</u> <u>John Jones</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-22-10</u> <u>John Jones</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-22-10</u> <u>Michelle Bourde</u> Health Inspector or Designee	

**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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)



**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.

**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: John Rinelari
 Address: 114 Professors Row
 City: ~~Quincy~~ SOMERVILLE State: MA Zip: ~~02155~~ 02144 Phone #: 845-825-2560

- | | | |
|--|----------------|--|
| <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 type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input checked="" type="checkbox"/> Other <u>Fraternity</u> |

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: John Rinelari Date: 9/20/10
 Print Name: John Rinelari

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 _____



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Name of person requesting certificate: John Rincieri
- 2. Business Location: 114 Professors Row

OR

- 3. Taxpayer's Home Address: _____
Phone: day: _____ evening: _____
- 4. Business Owner's Home Address: _____
Business Owner's Phone: day: _____ evening: _____
- 5. Business I.D. Number _____

I, John Rincieri, 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 23 day of September, 2000.

David Frew
(Business/Real Estate Owner's signature)

David Frew
Please Print Owner's Name

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: _____
- # 04180105 # 334026001 # _____ # _____

CLERK'S INITIALS: 9

ORIGINAL STAMP:

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 Ext. 3522 • TTY: (617) 666-0001 • Fax: (617) 666-9682

received
Ubaraw
9-23-10