

2012

2012 JUL 11 A 9 24
APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00 CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7-11-2012

Amount Paid \$550- CK 7462

Date 6/18/12

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

dba Alpha Omicron Pi

Business (DBA) Name: Walnut Hill Properties Corp Phone: 781-391-5300

Business Location (with Zip Code): 25 Whitfield Rd

Applicant's Legal Name:

Applicant's Address (with Zip Code):

Applicant's Email Address: walnuthillproperties@comcast.net

Applicant's Federal Employer Identification Number: 04-3419100

Mailing Name (where we should send correspondence to): Walnut Hill Properties Corp

Mailing Address (with Zip Code): PO Box 53, Tufts Branch, Medford MA 02153

Emergency Contact: Bruce L. Ketchen Phone: 781-391-5300

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: Richard W Reynolds

Address with Zip Code: Tufts University, 47 Winthrop St, Medford MA 02155

Partner's/Member's/Secretary's Name: Bruce L. Ketchen

Address with Zip Code: WHPC, 47 Winthrop St, Medford MA 02155

Partner's/Member's/Treasurer's Name: Thomas S. McGurty

Address with Zip Code: Tufts University, 169 Holland St, Somerville MA 02144

Number of residents at this lodging house: 12

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: Bruce L. Kitchen Date: 6/18/12
Print Name: Bruce L. Kitchen Phone: 781-391-5300

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>7/10/12</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6-29-12</u> <u>Ronald J. Joly</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/3/12</u> <u>Johanna Jones</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6-29-12</u> <u>Al Brumby</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/3/12</u> <u>[Signature]</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.

Walnut Hill Properties Corp.

~~*Signature of Individual or Corporate Name (Mandatory)~~

by: *[Signature]*, GEN. MGR.

By: Corporate Officer (Mandatory, if a corporation)

04.3419100

~~**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: Walnut Hill Properties Corp

Address of taxpayer/applicant's business in Somerville: PO Box 53, Tufts Branch, Medford MA 02153

Address of taxpayer/applicant's home in Somerville: 25 Whitfield Rd

Taxpayer/applicant's phone: day: 781-391-5300 evening: 781-391-5300

I, (print name) Bruce L. Ketchen, 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 18th day of JUNE, 20 12.
Bruce L. Ketchen - GEN. MGR.
(Taxpayer's signature) for Walnut Hill Properties Corp.

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate # 23699159 ☐ Water/Sewer # 33404400 ☐ Personal Property # _____ ☐ Other: _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

RECEIVED
6-29-12

2012

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: Walnut Hill Properties Corporation
 Address: Po Box 53053 Tufts Branch
 City: Medford State: MA Zip: 02153 Phone #: 781-391-5300

- ☒ I am an employer with 4000 employees Business Type: ☐ Retail
 (full and/or part time). ☐ Restaurant/Bar/Eating Establishment
☐ I am a sole proprietor or partnership and have no ☐ Office and/or Sales (real estate, auto, etc.)
 employees. ☒ Nonprofit
☐ We are a corporation that has exercised our right of ☐ Entertainment
 exemption per c152 s1(4), and have no employees. ☐ Manufacturing
☐ We are a nonprofit organization staffed by ☐ Health Care
 volunteers and have no employees. ☐ Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Trustees of Tufts College
 Address: c/o Risk Management, 169 Holland St.
 City: Somerville State: MA Zip: 02144 Phone #: 617 627-3981
 Policy #: SELA INJURED Lic # 702 Expiration Date: 7/1/13

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: [Signature] Date: 6/17/12
 Print Name: DANIEL J STATHEN

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)