

APPLICATION FOR A LODGING HOUSE LICENSE

2010 APR 30 A 10:57

Application Fee \$500.00

Date 4/27/10 CITY CLERK'S OFFICE
SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 4/30/10

Amount Paid \$500.

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

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

Business DBA Name (if applicable): Delta Upsilon

Address with Zip Code: 114 Professors Row

Tax Identification Number: 20-4225848 Check one: ☐ SSN ☒ FEIN

Mailing Name (where we should send correspondence to): Delta Upsilon

Address with Zip Code: 114 Professors Row

Property Owner Name: Matt Keller

Phone: _____

Address with Zip Code: 114 Professors Row

Emergency Contact 1: Matt Keller

Phone: 617-417-9121

Emergency Contact 2: David Frey

Phone: 617-627-4315

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: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

Number of residents at this lodging house: 17

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 Rincieri

Date: 4/27/10

Print Name: John Rincieri

Phone: 845-825-2560

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>4/28/10</u> <u>Deputy Chief Paul J. Alton</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>4/27/10</u> <u>Mayor John Matthews</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/29/09</u> <u>John P. Davis</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/29/09</u> <u>Al Brunet</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/29/09</u> <u>Gregory J. [Signature]</u> Health Inspector or Designee	

Greg Matthews



CITY OF SOMERVILLE, MASSACHUSETTS

CITY CLERK'S OFFICE

JOSEPH A. CURTATONE

MAYOR

JOHN J. LONG

City Clerk

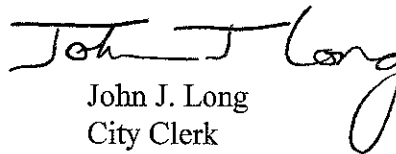
April 29, 2010

To Whom It May Concern:

This is to certify that Delta Upsilon, 114 Professor's Row, Somerville, has submitted the necessary application for the Renewal of their Lodging House License for the period September 1, 2009, through August 31, 2010. The application appears complete, and will be forwarded to the Board of Aldermen, the city's Licensing Authority for Lodging Houses, for its consideration at its next regular meeting on May 13, 2010.

Please call me if I can be of further assistance.

Sincerely,


John J. Long
City Clerk



ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
09/23/2009PRODUCER (800)736-4327 FAX (800)328-0522
Willis of Minnesota, Inc.
12231 Emmet St., Ste.#5
Omaha, NE 68164THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Delta Upsilon Fraternity
DBA: Attn: Justin Kirk
8705 Founders Road
PO Box 68942
Indianapolis, IN 46268INSURER A: Landmark American Insurance Co
INSURER B:
INSURER C:
INSURER D:
INSURER E:

33138

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	LHA106360	10/01/2009	10/01/2010	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
			MED EXP (Any one person) \$ EXCLUDED				
			PERSONAL & ADV INJURY \$ 1,000,000				
			GENERAL AGGREGATE \$ 2,000,000				
			PRODUCTS - COMP/OP AGG \$ 1,000,000				
A			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LHA106360	10/01/2009	10/01/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
							OTHER THAN EA ACC \$
							AUTO ONLY: AGG \$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							\$
							\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
			OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
GENERAL AGGREGATE FOR THE GENERAL LIABILITY COVERAGE APPLIES PER LOCATION. THE POLICY INCLUDES A \$50,000 PER OCCURRENCE AND AGGREGATE SIR EXCESS OF A \$2,500 PER OCCURRENCE MAINTENANCE SIR. THE CERTIFICATE HOLDER IS AN INSURED UNDER THIS POLICY.

CERTIFICATE HOLDER

ALL RECOGNIZED UNDERGRADUATE CHAPTERS,
COLONIES AND HOUSE CORPORATIONS OF
DELTA UPSILON FRATERNITY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Edward (Ned) Kirklin/BARBAR

**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.



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR

ELIZABETH CRAVEIRO
TREASURER & COLLECTOR

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

AND/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, Matt Keller, 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 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 29th day of April, 2010.

Matt Keller
(Business/Real Estate Owner's signature)

Matt Keller
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 ☐ Other: _____

04180105 # 334076001

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-29-10

PLEASE CHECK:: _____ BUSINESS PERMIT OR _____ BUILDING PERMITS

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 Rincieri
Address: 114 Professors Row
City: _____ State: MA Zip: _____ Phone #: (845) 825-2568

- ☐ I am an employer with _____ 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 _____

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 Rincieri Date: 4/29/10
Print Name: John Rincieri

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 _____