APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

Application Fee \$60.00 per device	FOR CITY CLERK'S OFFICE ONLY
Date_ 5/06/2011	Date Recorded
New Application	
Renewing Application with Additions or Change	es es .
Renewing Application with NO Additions or Cha	
Applicant's Legal Name: DOH HOTEL SOMERVIO	CLE LLC Phone: 617 1000
Applicant's Address (with Zip Code): 319 Speed	N ST, NATICK, MA OFFED TO
Applicant's Email Address: DSHAMOIAN @ DIST	TWCTIVEHOSPITALITY GROUP BOM
Applicant's Federal Employer Identification Numb	
Business DBA Name (if applicable): HOLIDAY	
Business Location (with Zip Code): 30 WASHIN	
Mailing Name (where we should send correspondence to):	
Mailing Address (with Zip Code): 319 SPEEN	
	Phone: 617-616-1921
Type of Business (Check one):Sole Proprie	etorPartnership (inc. LLP)Trust
<u>✓</u> Corporation	n (inc. LLC) Other
IF A SOLE PROPRIETOR:	
Owner's Name:	<u> </u>
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATIO	ON (Attach additional sheets as needed):
Partner's/Member's/President's Name: Lou C	ARRIER
Address with Zip Code: 319 SPLEN ST	
Partner's/Member's/Secretary's Name: DAVID	
Address with Zip Code: 319 SPEEN ST,	
Partner's/Member's/Treasurer's Name:	
Address with Zip Code:	

Number of automatic amusement devices to be kept: 1 (one)	
ACKNOWLEDGEMENT I hereby state that all information provided on this application understand that any information that is found to be false or forfeiture of this license. This license will be subject to all limitations set forth in the Somerville Code of Ordinances, any laws, and any conditions prescribed by the City of Somerville. Signature of Applicant: Print Name:	misleading may result in the of the terms, conditions, and
LICENSING COMMISSION RECOMMENDATION:	
The Licensing Commission recommends that the application be:	ApprovedDenied
Signature:	Date:
FOR NEW APPLICANTS OR APPLICANTS ADDING AMI INSPECTIONAL SERVICES DEPARTMENT RECOMMEN The Inspectional Svcs. Dept. recommends that the application be:	DATION:
Signature:	Date:
POLICE DEPARTMENT RECOMMENDATION:	
The Chief of Police recommends that the application be:	ApprovedDenied
Signature:	Date:

V.

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.

DON HOTEL SOMERVILLE LLC DBA HOLIDAY INN

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

27-2167407

- * 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.

^{**}Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



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/appl	icant's business:	DDH HOTEL	SOMERVILL	E LLC
Address of taxpayer/applicar	nt's business in Somer	ville: <u>30 @</u>	NSHINGTON)	sr ·
Address of taxpayer/applicar	nt's home in Somervil	le:	· . · . · . · . · . · · · · · · · · · ·	
Taxpayer/applicant's phone:	day: 617-628-10	evening	617-628-	1000
I, (print name) DAVID thereby certify that all the inductive the City have been paid and fees and is current on said	or that the Taxpayer	the perein is true and has entered into	undersigned d correct and al o an agreement	Taxpayer, do l taxes and fees to pay all taxes
SIGNED UNDER THE PA			TRY, this	day of
	, 20 U	(Taxp	ayer's signature	3
DATE OF ISSUANCE:	INCLUD	ES RELEVANT POS	TINGS THROUGH:	· · · · · · · · · · · · · · · · · · ·
TAXES AND ACCOUNT	NUMBER(S) INCL	UDED IN CER	TIFICATE:	
▼ Real Estate	☑Water/Sewer	Personal P	roperty	☐ Other:
# 107/A/002	# 661022-01	# 098300	<u>re</u>	#
NOTES: CLERK'S INITIALS:	Ro	ORIGINAL	STAMP:	neci

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

Workers' Compensation Insurance Affidavit - General Businesses

(revised Jan. 2008)

OP ID: SW

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such andorsement(s)

PRODUCER Michael A. Auricchio, Inc. 3800 Seneca Street West Seneca, NY 14224-3478		716-675-3800	CONTACT NAME:			
		716-675-1522	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #. DDHHO-1			
			INSURER(S) AFFOR	RDING COVERAGE NAM		
INSURED	INSURED DDH Hotel Natick/Speen LLC		INSURER A: Travelers Indemn	ity		
DDH Hotel Natick/Worcester LLC DDH Hotel Somerville LLC DD Hotels I LLC 617 Dingens Street		INSURER B : National Union Fig	re Ins Co PA			
	LLC	INSURER C : Philadelphia Insu	rance Company			
		INSURER D:				
		•	INSURER E :			
			INSTIRED E -			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
LIK	GENERAL LIABILITY	INSR	WYU	POLICT NOWBER	(MM/DD/YYYY)	(MM/DD/YYYY)		1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			630-9698N883	04/28/11	04/28/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
	X LIQUOR LIABILITY			AGGREGATE APPLIES		•	PERSONAL & ADV INJURY	\$ 1,000,000
	No Ded or SIR			PER LOCATION			GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- X LOC							\$
Α	AUTOMOBILE LIABILITY			DA 4542D474	04/20/44	04/28/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
^				BA 1513R171	04/28/11	04/28/12	BODILY INJURY (Per person)	\$
-	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS						Comp Ded	\$ 1,000
-							Coll Ded	\$ 1,000
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 25,000,000
В	EXCESS LIAB CLAIMS-MAD	E		CHETYOCAA OFOAA	04/28/11	04/28/12	AGGREGATE	\$ 25,000,000
В [DEDUCTIBLE	7	CMTY064125011		04/20/11	04/28/12		\$
	X RETENTION \$ 10,000			*			FOLLOW	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH-	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	I N/A	PH-UB-7206X81-0-11 04/2		04/28/11	04/28/12	E.L. EACH ACCIDENT	\$ 500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE	\$ 500,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	EPL			PHSD613359	05/20/11	05/20/12	Per Occur	1,000,000
- 1				1	1		Aggregate	1,000,000

ional Remarks Schedule, if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Addit Re: Location @ 30 Washington Street, Somerville, NY 02143

LIQUOR LIABILITY \$1,000,000 Each Common Cause Limit / \$2,000,000 Aggregate

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

City of Somerville Licensing Commission City Clerk's Office 93 Highland Avenue Somerville, MA 02143

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CANCELLATION

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