

## APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$605.00

Date June 22, 2016

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

☐ New Application

☒ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Business (DBA) Name: Tufts University Phone: 617-627-3992

Lodging House Location (with Zip Code): 98 Professor Row Somerville

Applicant's Federal Employer Identification Number: 23-7046605

Applicant's Legal Name: \_\_\_\_\_

Mailing Name (where we should send correspondence to): Facilities Services

Mailing Address (with Zip Code): 520 Boston Ave, Medford MA 02155

Emergency Contact: Daniela Sawa Phone: 617-627-3992

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: \_\_\_\_\_

☐ **Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

☐ **Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

☒ **Corporation:** Name of Corporation: Delta Tau Delta Foundation of Tufts Univ.

Name of President: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_ Name of Treasurer: Jon Stearns

☐ **LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: 98 Professors Raw

Number of residents at this lodging house: \_\_\_\_\_

### 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. 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 Applicant: [Signature] Date: 6/22/16

Print Name: Daniela Sousa Phone: 617-627-3992

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>8-22-16</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/3/16</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-3-16</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/3/16</u> <u>[Signature]</u> Health Inspector or Designee	

Tufts

98 Professors Row

## Lodging House License

Date received by Records: 8/19/16

Reviewed by:

Date reviewed:

Number of Incidents over last year: 1 MEDICAL AID  
(see attached)

Recommendation:

Approve ☒

Deny ☐

Reason for denial:

Date sent to Chief/Deputy Chief:



SOMERVILLE POLICE DEPARTMENT  
SOMERVILLE, MA

## CAD Incident Report #16008449

Incident Information				
Incident #		Incident Date		Call Taker
16008449		02/13/2016 23:44:28		sbreen
Incident Type		Description		Priority
F321 MEDICAL AID				1
Ems Level	Alarm Level	Modified By		Modified Date
		sbreen		02/13/2016 23:48:47
Event Information				
Municipality			Business Name	
1 SOMERVILLE			DELTA TAU DELTA FRATERNITY	
Fire Box			RA	
75			118	
Correct Location				
DELTA TAU DELTA FRATERNITY / 98 PROFESSORS ROW				
Street #	Street Name		Apartment #	Cross Street
98	PROFESSORS ROW			
Near		Landmarks	Additional	
PACKARD AV AND CURTIS ST				
Reporting Person				
RP Name		RP Phone		How Received
TUFTS PD		1-617-627-3030		1500 LINE
RP Address		Closed By		Date Closed
		sbreen		02/13/2016 23:58:16

## Incidents

Agency Name	Incident Number
SOM-FD	<u>16001513</u>
SOM-PD	<u>16008449</u>

## Incident Types

Dispatch Class	Incident Type

AMBULANCE	
FIRE/RESCUE	MEDICAL AID
POLICE	

## Note(s)

Note Type	Entered By	User ID
PAST INC	02/13/2016 23:45:04	auto
<b>Narrative Description</b>		
THERE ARE 8 PAST INCIDENTS AT 98 PROFESSORS ROW		
Note Type	Entered By	User ID
TUFTS	02/13/2016 23:45:44	sbreen
<b>Narrative Description</b>		
TUFTS UNIVERSITY BUILDING		
Note Type	Entered By	User ID
NOTICE	02/13/2016 23:45:56	auto
<b>Narrative Description</b>		
EMS NOTIFIED		
Note Type	Entered By	User ID
NOTICE	02/13/2016 23:46:22	sbreen
<b>Narrative Description</b>		
POLICE NOTIFIED		
Note Type	Entered By	User ID
CALL-TKR	02/13/2016 23:46:52	sbreen
<b>Narrative Description</b>		
SICK PERSON -OUTSIDE		
Note Type	Entered By	User ID
INFO	02/13/2016 23:48:30	sbreen
<b>Narrative Description</b>		
TUFTS PD & TEMS O/S		

## Dispositions

Dispositions				
Type	Disposition	Incident Report?	Accident Report?	Due By
FIRE/RESCUE	(321) 321			



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Tufts University  
Address of taxpayer/applicant's business in Somerville: 98 Professors Row  
Address of taxpayer/applicant's home in Somerville: 98 Professors Row  
Taxpayer/applicant's phone: day: 617-627-3992 evening: \_\_\_\_\_

I, (print name) Daniela Sousa, 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 June, 20 16. Daniela Sousa  
(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: \_\_\_\_\_  
# 12934 # 31601601 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP: UB 8/22/16

**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: Delta Tau Delta Foundation of Tufts Unive. Inc.  
Address: 98 Professors Row  
City: Somerville State: MA Zip: 02123 Phone #: 617-627-3992

- |  |  |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> <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 type="checkbox"/> 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:  Date: 6/22/15  
Print Name: Daniela Sousa

*Official use only. Do not write in this area. To be completed by city or town official.*

City or Town: _____	Permit/License #: _____	<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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2015

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 endorsement(s).

<b>PRODUCER</b> Risk Strategies Company 160 Federal Street  Boston MA 02110		<b>CONTACT NAME:</b> Leslie Emack <b>PHONE (A/C No. Ext):</b> (617) 330-5700 <b>FAX (A/C No.):</b> (617) 439-3752 <b>E-MAIL ADDRESS:</b> lemack@risk-strategies.com	
<b>INSURED</b> Trustees Of Tufts College 169 Holland Street-TAB Building  Somerville MA 02144		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: New York Marine & General Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL157196473

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 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC2015EPP00063	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued as Evidence of Insurance.

**CERTIFICATE HOLDER****CANCELLATION**

Tufts University  
169 Holland Street  
Somerville, MA 02144

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

AUTHORIZED REPRESENTATIVE

Michael Christian/LEM

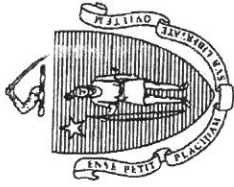


The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.  
702

Serial No. 11874



This is to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES, INC.,  
of 169 Holland Street, Somerville, MA 02144, having conformed with the provisions of  
sub-paragraph ( 2, b ) of Section 25A of Chapter 152 of the General Laws is hereby licensed  
to be a

SELF-INSURER

This license is effective for a period of one year from the FIRST day of

JULY 20 15, at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

DIRECTOR

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS



SCHOOL OF ARTS AND SCIENCES  
SCHOOL OF ENGINEERING

Dean of Student Affairs  
Dean of Student Affairs Office

## MEMORANDUM

To: David Fallon, Chief of Police, Somerville MA  
From: Mary Pat McMahon, Dean of Student Affairs  
Date: August 12, 2016  
Subject: 98 Professors Row in the City of Somerville, Massachusetts

Dear Chief Fallon,

This memorandum is to document the temporary usage of 98 Professors Row, located in the City of Somerville, Massachusetts, also previously referred to as Delta Tau Delta (DTD), for this academic year, beginning on August 25, 2016.

Tufts University has leased the property from the DTD alumni ownership through May 2017; the University and DTD ownership have discussed the terms of a one-year lease with the City of Somerville. Transfer students and other upperclass students will be assigned to this space for **use as a quiet residence hall only**. Members of the DTD fraternity have been assigned to campus residential spaces or relocated off-campus, and the fraternity does not have a formal gathering space on campus at this time.

Should you have any questions or concerns, please feel free to contact me at: 617-627-3158.

Thank you,

A handwritten signature in cursive script, reading "Mary P. McMahon".

Mary Pat McMahon  
Dean of Student Affairs

Distributed to: Kevin Maguire, Director of Public Safety  
Yolanda King, Director of Residential Life and Learning  
Christopher Rossi, Assistant Dean of Student Affairs