

APPLICATION FOR A LODGING HOUSE LICENSE

2011 AUG 25 P 12: 18

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid \$500.00
CITY CLERK'S OFFICE
SOMERVILLE, MA
(CK)

Date 7/1/11

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

Business Name: KAPPA CHARGE THETA DELTA CHI Phone: 401/884-9142

Business DBA Name (if applicable):

Address with Zip Code: 123 PACKARD AV. SOMERVILLE MA 02144

Tax Identification Number: 046167828 Check one: ___ SSN ___ FEIN

Mailing Name (where we should send correspondence to): KEN NIMBLETT

Address with Zip Code: 46 GREENVILLE ST. SOMERVILLE, MA 02143

Property Owner Name: KAPPA CHARGE CORPORATION Phone: 401/884-9142

Address with Zip Code: 123 PACKARD AV. SOMERVILLE MA 02144

Emergency Contact 1: KEN NIMBLETT Phone: 617/596-3944

Emergency Contact 2: DIEGO ROSENFELD Phone: 857/225-2521

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: RICK WALSH

Address with Zip Code: 60 DEAN AV. NORTH KINGSTOWN RI 02852

Partner's/Member's/Secretary's Name: NONE

Address with Zip Code:

Partner's/Member's/Treasurer's Name: BRIAN DRISCOLL

Address with Zip Code: 301 WASHINGTON AV. PLAINVILLE NY 10570

Number of residents at this lodging house: 22

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: J. Kenneth Kimblett Date: 7/1/11
Print Name: J. KENNETH KIMBLETT Phone: 617/596-3944

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>8/16/11</u> <u>Deputy Chief [Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/24/11</u> <u>INSp. John [Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/22/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-22-11</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/24/11</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.

KAPPA CHARGE CORPORATION, THETA DELTA CHI

*Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

046167828
**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: KAPPA CHARGE THETA DELTA CHI

Address of taxpayer/applicant's business in Somerville: 123 PACKARD AVENUE 02144

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617/596-3944 evening: SAME

I, (print name) J. KENNETH NIMBLETT, 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 27th day of

JUNE, 20 11. J. Kenneth Nimblett
(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: _____
20666160 # 33408500 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

received
K-627-11

**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: KAPPA CHARGE THETA DELTA CHI
 Address: 123 PACKARD AV SO
 City: SOMERVILLE State: MA Zip: 02144 Phone #: 617/596-3944

- | | | |
|--|----------------|---|
| <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>NON PROFIT FRATERNAL CORP.</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: WILLIS / HAH KIRKLAND
 Address: 12231 EMMET ST SUITE 5
 City: OMAHA State: NE Zip: 68164 Phone #: 800/736-4327
 Policy #: NHD 399563 Expiration Date: 4/1/12
FBP 2202592 4/1/12

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: J Kenneth Kimblett Date: 7/1/11
 Print Name: J KENNETH KIMBLETT

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 _____

**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: ~~ABC~~ ~~RS~~ KAPPA CHARGE, THETA DELTA CMI
 Address: 123 PARKWAY AVE SOMERVILLE MA 02144
 City: _____ State: _____ Zip: _____ Phone #: 857 225 2521

- | | |
|--|---|
| <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>NON PROFIT FRATERNAL CORP.</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: WILLIS TOWERS WATSON
 Address: 12231 EMMET ST, SUITE 5
 City: OMAHA State: NE Zip: 68164 Phone #: 800-736-4327

Policy #: NHD3554941 - PROPERTY INSURANCE Expiration Date: 04/01/2011
FBO2202592 - EQUIPMENT INSURANCE 04/01/2011
 Applicant certification: RISK MANAGEMENT - RISK/LIABILITY 11/01/2010

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: D. Rosenfeld Date: 8/15/10
 Print Name: DUGO ROSENFELD

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
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	