

# APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date 7/21/2014

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded _____	CITY CLERK'S OFFICE SOMERVILLE, MA 2014 AUG 26 P 1:00
Amount Paid _____	

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

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

Applicant's Federal Employer Identification Number: 04-2103634

Applicant's Legal Name: Trustees of Tufts College dba Tufts University

Applicant's Address (with Zip Code): 17 Latin Way Somerville, MA 02144

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

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

Emergency Contact: DANA ANDROS Phone: 617-627-3992  
Tufts University Police 617-627-3030

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: Trustees of Tufts College dba Tufts University  
Name of President: ANTHONY MONACO  
Name of Secretary: PAUL TRINGALE Name of Treasurer: THOMAS MCGURTY

**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)

17 LATHAM WAY

Business (DBA) Name: Tufts University - START House

Number of residents at this lodging house: 6

**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: Dana P. Andrus (AGENT) Date: 7/21/2014

Print Name: DANA P. ANDRUS (AGENT) 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>7-31-14</u> <u>C. Ferrigno</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/11/14</u> <u>Dep. Ch. Michael Avery</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/21/14</u> <u>John Brown</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-21-14</u> <u>Al B...</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-25-14</u> <u>...</u> Health Inspector or Designee	



CITY OF SOMERVILLE, MASSACHUSETTS  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
**CERTIFICATE OF GOOD STANDING**

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: DANA ANDROS - Tufts University

BUSINESS LOCATION: 17 LATHAM WAY Somerville, MA AND/OR

TAXPAYER'S HOME ADDRESS: 520 Boston Ave Medford, MA 02155

TAXPAYER/APPLICANT PHONE: DAY: 617-627-3992 EVENING: 617-627-3030

BUSINESS NAME: Trustees of Tufts College dba Tufts University

BUSINESS ID NUMBER: 04-2103634 BUSINESS PHONE: 617-627-3992

I (print name) DANA P. ANDROS agent, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 21<sup>st</sup> day of July, 2014. Dana P. Andros agent (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 8/1/14

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID      \*\*WATER/SEWER ID      \*\*PERSONAL PROPERTY      \*\*OTHER

99743200      334013001      \_\_\_\_\_      \_\_\_\_\_

NOTES:

CLERKS INITIALS: Jed

**received**  
 BUSINESS or BUILDING  
 PERMIT

ORIGINAL STAMP



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: TRUSTEES of TUFTS COLLEGE  
Address: 169 HOLLAND ST  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3981

- I am an employer with 4,500 employees (full and/or part time). Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other: EDUCATION
- I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.

Workers' compensation insurance information (if applicable):

~~EXCESS~~ Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE CO.  
Address: PO BOX 22778  
City: OKLAHOMA CITY State: OK Zip: 73123 Phone #: 405-840-0074  
Policy #: SE-702; EXCESS - WC2014EPP00063 Expiration Date: 7/1/2015

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: Bret Murray Date: 7/27/2014  
Print Name: BRET MURRAY

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: \_\_\_\_\_