

APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____
Amount Paid _____

Date _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: KAPPA CHANGE, THETA DELTA CHAPTER FRATERNITY Phone: 978-420-5429

Applicant's Federal Employer Identification Number: 046167828

Applicant's Legal Name: KYLE BOUTIN

Applicant's Address (with Zip Code): KAPPA CHANGE, TDC

Mailing Name (where we should send correspondence to): PO Box 531

Mailing Address (with Zip Code): SOMERVILLE, MA 02143

Emergency Contact: JOSHUA SCHAUB Phone: 617-306-6354

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: KAPPA CHANGE, THETA DELTA CHAPTER
Name of President: KYLE BOUTIN
Name of Secretary: RIEK WALSH Name of Treasurer: PHIL PARKER

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: KAPPA KAPLAN, THETA DELTA CHS FRAT-ERNITY
 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. 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: 8/14/14
 Print Name: Kyle Boutin Phone: (978) 430-5429

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>8/6/14</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/5/14</u> <u>Dep. Ch. Max Avery</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/5/14</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/5/14</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/5/14</u> <u>[Signature]</u> Health Inspector or Designee	



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: KAPPA CHARGE OF THETA DELTA CHAPTER TUFTS UNIVERSITY 123 PACKARD AVE.

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

Address of taxpayer/applicant's home in Somerville: PO BOX 531 SOMERVILLE, MA 02143

Taxpayer/applicant's phone: day: 978-430-5429 evening: 978-430-5429

I, (print name) Kyle Boutin, 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 14th day of August, 20 14. Kyle Boutin
(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: _____
~~11607~~ # 334 085001 # _____ # _____

NOTES: 11607

CLERK'S INITIALS: PK

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: KAPPA CHARGE THETA DELTA CHI
 Address: 123 PARKWARD AVE.
 City: SOVERVILLE State: MA Zip: 02144 Phone #: 978-430-5429

- 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 §1(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 NON-PROFIT FRATERNAL ORGANIZATION

Workers' compensation insurance information (if applicable):

Insurance Company Name: WELLS / HRH KIRKLAND
 Address: 12231 EMMET ST SUITE 5
 City: OMAHA State: NE Zip: 68164 Phone #: (800) 736-4327
 Policy #: NHD 355 4941 - PROPERTY INSURANCE Expiration Date: 4/1/15
FBP 2202592 EQUIPMENT INSURANCE 4/1/15
FRISK HAZARD - PESH LIABILITY 11/1/14

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: [Signature] Date: 8/14/14
 Print Name: Kyle Bortin

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

(revised Jan. 2008)