

2014

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2014 JUL -3 P 3:08

### APPLICATION FOR A LODGING HOUSE LICENSE

CITY CLERK'S OFFICE  
SCHEMUNVILLE, MA

Nonrefundable Application Fee \$550.00

|                              |       |
|------------------------------|-------|
| FOR CITY CLERK'S OFFICE ONLY |       |
| Date Recorded                | _____ |
| Amount Paid                  | _____ |

Date 6/15/14

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

Business (DBA) Name: Walnut Hill Properties Corp  
dba Alpha Omicron Pi Phone: 781-391-5300

Applicant's Federal Employer Identification Number: 04-3419100

Applicant's Legal Name: Walnut Hill Properties Corporation

Applicant's Address (with Zip Code): 47 Winthrop St, Medford MA 02155

Mailing Name (where we should send correspondence to): Walnut Hill Properties Corp

Mailing Address (with Zip Code): PO Box 53053 Tufts Branch, Medford MA 02153

Emergency Contact: Robert O. Chihade Phone: 781-391-5300

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: Walnut Hill Properties Corp.  
Name of President: Linda Snyder  
Name of Secretary: Robert O. Chihade Name of Treasurer: Thomas S. 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)



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Walnut Hill Properties Corporation  
Address of taxpayer/applicant's business in Somerville: 25 Whitfield Rd, PO Box 53053, Tufts Branch, Medford MA 02153  
Address of taxpayer/applicant's home in Somerville: —  
Taxpayer/applicant's phone: day: 781-391-5300 evening: 781-391-5300

I, (print name) Robert O. Chihade, 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 28 day of MAY, 20 14.  
[Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 7-1-14 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate       Water/Sewer       Personal Property       Other: \_\_\_\_\_  
# 16433      # 33444001      # \_\_\_\_\_      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: JK

ORIGINAL STAMP:



2014

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: Walnut Hill Properties Corp  
Address: PO Box 53053 Tufts Branch  
City: Medford State: MA Zip: 02153 Phone #: 781-391-5300

- I am an employer with 4 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 s1(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

Workers' compensation insurance information (if applicable):

Insurance Company Name: Trustees of Tufts College  
Address: c/o Risk Management, 169 Holland St  
City: somerville State: MA Zip: 02144 Phone #: 617-627-3981  
Policy #: see attached 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: [Signature] Date: 5-29-14  
Print Name: ROBERT CHIHARIS

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 \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: Trustees of Tufts College and Walnut Hill Properties Corp.

Address: 169 Holland Street

City/State/Zip: Somerville, MA 02144 Phone #: 617-627-3981

**Are you an employer? Check the appropriate box:**

1.  I am an employer with 4,500 employees (full and/or part-time).\*
2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

5.  Retail
6.  Restaurant/Bar/Eating Establishment
7.  Office and/or Sales (incl. real estate, auto, etc.)
8.  Non-profit
9.  Entertainment
10.  Manufacturing
11.  Health Care
12.  Other University

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.*

Insurance Company Name: Self-Insured and excess coverage with New York Marine and General Ins. Co.

Insurer's Address: 59 Maiden Lane, Suite 2700

City/State/Zip: New York, NY 10038-4647

Policy # or Self-ins. Lic. # SI Lic. 702; Pol.# WC2013EPP00063 Expiration Date: 7/1/2014 (both)

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

*I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: *Ben T. Murray* Date: 4/24/2014

Phone #: 617-627-3981

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office

6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

The Commonwealth of Massachusetts

License No.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

702



to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES CORP.

and Street, Somerville, MA 02114, having conformed with the provisions of

( 2, b ) of Section 25A of Chapter 152 of the General Laws is hereby licensed

**SELF-INSURER**

This license is effective for a period of one year from the F I R S T day of

L Y 20 13, at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

A handwritten signature in cursive script, reading "Philip L. Hillman", written over a horizontal line.

D I R E C T O R

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS



Business (DBA) Name: Alpha Omicron Pi

Number of residents at this lodging house: 12

### 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: R O Chiade Date: 5-29-14

Print Name: Robert O. Chiade Phone: 781-391-5300

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>7-2-14</u><br><u>Charles J. Ferraro</u><br>Police Chief or Designee            | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/1/14</u><br><u>Capt. Sih</u><br>Chief Fire Engineer or Designee |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/1/14</u><br><u>Jalen Bower</u><br>Highways, Lights & Lines Sup't or Designee | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/1/14</u><br><u>Bill Bower</u><br>Building Inspector or Designee |
| <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-1-14</u><br><u>Michelle Bower</u><br>Health Inspector or Designee            |  |