



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 MAY 29 A 9:18

Application to Renew Extended Operating Hours License

**TRUSTEES OF TUFTS COLLEGE
TUFTS UNIVERSITY DINING SERVIC
89 CURTIS ST
SOMERVILLE MA 02144**

**CITY CLERK'S OFFICE
SOMERVILLE, MA**
License #: BL15-000046
File #: 15-52
Fee: 550

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: TRUSTEES OF TUFTS COLLEGE Business Location: 44 PROFESSORS ROW Business Phone: 617-628-5000	MAYER CAMPUS CENTER
License Holder: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE MA 02144	
Mailing Address: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY DINING SERVIC 89 CURTIS ST SOMERVILLE MA 02144	
Business Type: Corporation ANTHONY MONACO THOMAS MCGURTY PAUL TRINGALE	
FID: 042103634	
Emergency Contact: PATRICIA KLOS Phone: 617-627-3751	
Extended hours for in-store service (specify days and hours): Sep-May, Th-Sa to 2AM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Patricia Klos Date: 4/6/15

Printed Name: Patricia Klos Phone: 627-3751



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: Tufts University Dining Services

Address of taxpayer/applicant's business in Somerville: 89 Curtis Street

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

Taxpayer/applicant's phone: day: 617-627-3750 evening: _____

I, (print name) Rosamond M. Cummins, 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 _____ day of

_____, 20_____. _____
(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: _____
4340 # 339677001 # _____

NOTES:

CLERK'S INITIALS: LB

ORIGINAL STAMP:



SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

LBanay
5-29-15



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 _____

*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

PHONE: 212-551-0600

Policy # or Self-ins. Lic. # SI Lic. 702; Pol.#WC2014EPP00063 Expiration Date: 07/01/2015 (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: BRET T. MURRAY

Date: 11/26/2014

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 #: _____