

# APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date 9-15-11

FOR CITY CLERK'S OFFICE 2011 SEP 22 P 7:02

Date Recorded

Amount Paid

\$500 -

CITY CLERK'S OFFICE  
SOMERVILLE, MA

☐ New Application

☒ Renewing Application with Additions or Changes

☐ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Maurice Barry Phone: 339-927-6172

Applicant's Address (with Zip Code): 134 Professors Row Somerville, MA 02144

Applicant's Email Address: tuftsato@gmail.com

Applicant's Federal Employer Identification Number: 04-61-88-551 04 61 88 531

Business DBA Name (if applicable): ATO Associates Inc.

Business Location (with Zip Code): P.O. Box 467813 Atlanta, GA 31146 134 Professors Row Somerville, MA 02144

Mailing Name (where we should send correspondence to): ATO Associates Inc.

Mailing Address (with Zip Code): P.O. Box 467813 Atlanta, GA 31146

Emergency Contact: Christopher Valente Phone: 617-951-9071

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: Miriam Gordon

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: Christopher Valente

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: Christopher Pelligrino

Address with Zip Code: \_\_\_\_\_

Number of residents at this lodging house: 20

### 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: Maurice P Barry Date: 9-15-11


Print Name: Maurice Barry, For ATO Associates Inc Phone: 339-927-0472


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>9/22/11</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/13/11</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/16/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-16-11</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/16/11</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.

 ATO Associates Inc  
\*Signature of Individual or Corporate Name (Mandatory)

Maurice Barry Manager,   
By: Corporate Officer (Mandatory, if a corporation)

04 618 591  
\*\*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: ATO Associates Inc

Address of taxpayer/applicant's business in Somerville: 134 Professors Row

Address of taxpayer/applicant's home in Somerville: ( )

Taxpayer/applicant's phone: day: 339-927-0472 evening: ( )

I, (print name) Maurice Barry, 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 15 day of September, 20 11. [Signature]  
(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: \_\_\_\_\_

# 01011010 # 33402900 # \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

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: ATO Associates Inc.

Address: ~~1300 Rte 1~~ PO Box 467613

City: Atlanta State: GA Zip: 31146 Phone #:

- |  |  |
|--|--|
| <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>Fraternal</u>             |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name:

Address:

City: State: Zip: Phone #:

Policy #: 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: Maurice P. Barry Date: 9-15-11

Print Name: Maurice Barry

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