## APPLICATION FOR A LODGING HOUSE LICENSE

Toffs University Police 617-627-3030  Type of Business (Check one):Sole ProprietorPartnership (inc. LLP)	Application Fee \$550.00	FOR CITY CLERK	'S OFFICE ONLY		
New Application  Renewing Application with Additions or Changes  Renewing Application with NO Additions or Changes  Business (DBA) Name: CAPEN HOUSE TOPE UNIVERSITY Phone: 617-627-3992  Business Location (with zip code): 8 Professors Row Somerville, MA 02144  Applicant's Legal Name: Trusteer of Topes Services 520 Boston Are, Medford, MA 02155  Applicant's Email Address: Adva. Andres & topes 520 Boston Are, Medford, MA 02155  Applicant's Federal Employer Identification Number: 04-210 36 34  Applicant's Federal Employer Identification Number: 04-210 36 34  Mailing Name (where we should send correspondence to): Topes University - Facilities Services  Mailing Address (with Zip code): 520 Boston Are, Medford, MA 02155  Emergency Contact: Dava Andres Phone: 617-627-3992  Topes 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: Topes University Ballow Modford, MA 02155  Partner's/Member's/President's Name: Authors Ballow Hall Medford, MA 02155  Partner's/Member's/President's Name: Part Triving Personal Andress With Zip Code: Topes University Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Part Triving Personal Andress With Zip Code: Topes University Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty  Address with Zip Code: Topes University Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty  Address with Zip Code: Topes University Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty  Address with Zip Code: Topes University Ballow Hall Medford, MA 02155	Data 7/12/16/12		<u>0</u>	2013	
Renewing Application with Additions or Changes  **Renewing Application with NO Additions or Changes  **Business (DBA) Name: Capen House Torks University Phone: 617-627-3992  **Business Location (with Zip Code): **S Professors Rose Samerale, MA 02144  **Applicant's Legal Name: Trusteer of Torks University  **Applicant's Legal Name: Trusteer of Torks University  **Applicant's Address (with Zip Code): **Facilities Services 520 Roston The, Medford, MA 02155  **Applicant's Federal Employer Identification Number: 04-210-36-34  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services  **Mailing Name (where we should send correspondence to): Torks University Facilities Services	Date ( A) (AO15)	Amount Paid	<u></u>	200	
Renewing Application with NO Additions or Changes  Renewing Application with NO Additions or Changes  Business (DBA) Name: Caper House Tolks University Phone: 617-627-3992  Business Location (with Zip Code): 8 Professors Row Somervice, MA 02144  Applicant's Legal Name: Trusteer of Tults University  Applicant's Legal Name: Trusteer of Tults University  Applicant's Email Address: Change, Andres & tults, edu  Applicant's Federal Employer Identification Number: 0 4-210 36 3 4  Mailing Name (where we should send correspondence to): Tults University Facilities Services  Mailing Address (with Zip Code): 520 Boston Are, Medford, MA 02155  Emergency Contact: David Andress  Phone: 617-627-3992  Tults University Police 617-627-3992  Tults University Police 617-627-3030  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: Tults University Ballow Hall Medford, MA 02155  Partner's/Member's/President's Name: Address with Zip Code: Tults University Ballow Hall Medford, MA 02155  Partner's/Member's/Secretary's Name: Hall Pringal Pertner's/Member's/Secretary's Name: Thomas McGurty Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty And 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty And 02155	New Application		32		
Renewing Application with NO Additions or Changes  Business (DBA) Name: CAPEN HOUSE TOPES ON ROW Somervalle, MA 02144  Applicant's Legal Name: TRUSTESS OF ROW Somervalle, MA 02144  Applicant's Legal Name: TRUSTESS OF ROW Somervalle, MA 02144  Applicant's Legal Name: TRUSTESS OF TWO SOMERVALE, MEDFORD MA 02155  Applicant's Email Address (with zip Code): Facilities Services 520 Boston He, Medford MA 02155  Applicant's Federal Employer Identification Number: 04-2103634  Mailing Name (where we should send correspondence to): Two Managers of Trust Managers (with zip Code): 520 Boston He, Medford MA 02155  Emergency Contact: Dank Andres Phone: 617-627-3992  The Wiversity Police 677-627-3030  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: Two Wiversity Ballow Ha Medford, MA 02155  Partner's/Member's/President's Name: Authors by Ballow Ha Medford, MA 02155  Partner's/Member's/Secretary's Name: Pau Triviage C  Address with Zip Code: Two Wiversity Ballow Ha Medford, MA 02155  Partner's/Member's/Secretary's Name: Pau Triviage C  Address with Zip Code: Two Wiversity Ballow Ha Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGonty	Renewing Application with Additions or Changes	3	15.50 15.00		
Business (DBA) Name: CAPEN HOUSE TOTS UNIVERSITY Phone: 617-637-3992  Business Location (with Zip Code): 8 Professors Row Somerville, MA 02144  Applicant's Legal Name: Trustees of Turts University  Applicant's Legal Name: Trustees of Turts University  Applicant's Legal Name: Trustees of Turts University  Applicant's Email Address (with Zip Code): Facilities Services 520 Boston Are, Medford, MA 02155  Applicant's Federal Employer Identification Number: 0 4-210 36 3 4  Mailing Name (where we should send correspondence to): Turts University Facilities Services  Mailing Address (with Zip Code): 520 Boston Are, Medford, MA 02155  Emergency Contact: Drope of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust	X Renewing Application with NO Additions or Char	nges	至	_	
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:  Address with Zip Code:  Partner's/Member's/Secretary's Name:  Address with Zip Code:  Toffs University  BA for Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name:  Thomas McGorty  Partner's/Member's/Treasurer's Name:  Thomas McGorty	Business Location (with Zip Code): 8 Professors  Applicant's Legal Name: 1RUS fees of TUP  Applicant's Address (with Zip Code): Facilities See  Applicant's Email Address: 1AMA, ANDRES  Applicant's Federal Employer Identification Number  Mailing Name (where we should send correspondence to): 1  Mailing Address (with Zip Code): 520 Boston F  Emergency Contact: DAMA ANDRES  TUPES UNIVERSITY	Row Somervits  to University  rvices 520 Bosto  tofts, edu  er: 04-210  ofts University  he. Medford, M  Phone: (	10, MA 0 10 Ave. Medf 13634 - FACILITIES 1017-627-5 617-627-5	3992 2144 and MA co Services 3992 3030	Alss
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:  Address with Zip Code:  Partner's/Member's/Secretary's Name:  Address with Zip Code:  Partner's/Member's/Secretary's Name:  Address with Zip Code:  Toffs Drive/sity  BA low Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name:  Thomas McGunty	Corporation (	(inc. LLC)Other	r		
Address with Zip Code:  IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name:  Address with Zip Code:  Partner's/Member's/Secretary's Name:  Address with Zip Code:  Tuffs Drive/sity  BA Jon Hall Medfurd, MA 02155  Partner's/Member's/Treasurer's Name:  Tho MAS McGunty	IF A SOLE PROPRIETOR:				
Partner's/Member's/President's Name: Arthony Monaco  Address with Zip Code: Tuffs University Ballow Hall Medford MA 02155  Partner's/Member's/Secretary's Name: Paul Tringale  Address with Zip Code: Tuffs University Ballow Hall Medford MA 02155  Partner's/Member's/Secretary's Name: Paul Tringale  Address with Zip Code: Tuffs University Ballow Hall Medford MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGunty	Owner's Name:		a .		
Partner's/Member's/President's Name: Anthony Monaco  Address with Zip Code: Tuffs University Ballow Hall Medford, MA 02155  Partner's/Member's/Secretary's Name: Paul Tringale  Address with Zip Code: Tuffs University Ballow Hall Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGunty	Address with Zip Code:				
Address with Zip Code: Toffs University BALOW HALL Medford, MA 02155  Partner's/Member's/Secretary's Name: Paul Tringale  Address with Zip Code: Toffs Driversity BALOW HALL Medford, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGunty	IF A PARTNERSHIP, TRUST OR CORPORATION	(Attach additional sho	eets as needed):		
Partner's/Member's/Secretary's Name: Paul Tringale  Address with Zip Code: Tuffs inversity Ballon Hall Medfurd, MAO 155  Partner's/Member's/Treasurer's Name: Thomas McGunty	atther sylvicinion sylvestacing sylvanics.	DONY MONACO	11 204 10		15-1
Address with Zip Code: Tuffs Driversity Ballow Hall Medfurd, MA 02155  Partner's/Member's/Treasurer's Name: Thomas McGurty	Address with Zip Code: Tot & University	Y BALLOU HA	11 med+	ord, MA	02185
Partner's/Member's/Treasurer's Name: Thomas McGunty	Tarther by trienteer by beer early by taking.	111	1 100	1 200	117/
MA COLUMN STATE OF THE WAY ON THE	ridaross with Zip code.	AA C	Medric	o, 11/1-0	4122
Address with Zip Code: 143 164 Holland St. Demonville, 1117 Odl 44	1000	1 1 0 F	/ 	- MA	1111/
	Address with Zip Code: 1143 164	to lland st. S	emorville	11117	dl 44

Codging House Location 8P	rofessors Ross-Somerville, MAO2144				
Number of residents at this lodging house:	10				
ACKNOWLEDGEMENT  I hereby state that all information provided o	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: Dava P. Andry C (Agent) Date: 7/23/2013  Print Name: Dava P. Andry C (Agent) Phone: 617-627-399)					
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by				
Approved Denied Date 7 25 13 Police Chief or Designee	Approved _Denied Date 8-16-13  Royald Solis  Chief Fire Engineer or Designee				
Approved Denied Date 8/20/13  Highways, Lights & Lines Sup't or Designee	Approved Denied Date 0-20-13  Building Inspector or Designee				
Approved Denied Date 8 5/3  Health Inspector or Designee					



# 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: CARD House - To Pts University					
Address of taxpayer/applicant's business in Somerville: 8 Professors Roco Somerville, MA 02144					
Address of taxpayer/applicant's home in Somerville: Freilites Sevires 520 Boston Ave. Med Fond, M					
Taxpayer/applicant's phone: day: 617-627-34 Gevening: 617-627-3030					
I, (print name) DAVA P. ANOVI), 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 23 day of					
(Taxpayer's signature)					
CITY'S ACKNOWLEDGEMENT					
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:					
Real Estate					
#99744080 #3340 500  # # 12679					
NOTES:  CLERK'S INITIALS: ORIGINAL STAMP: RECEIVED					

### 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.

Trustees of Tufts College dba Tufts University	
*Signature of Individual or Corporate Name (Mandatory)	
Cor All	
By: Corporate Officer (Mandatory, if a corporation)	
04-2103634	
**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if	a
corporation)	

<sup>\*</sup> This license will not be issued unless this certification clause is signed by the applicant.

<sup>\*\*</sup> 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.

# 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 TUF	TS COLLEGE \$	WALNUT HILL PROPERTIES, IN
Address: 169 Houand		
City: SOMERVICLE	State: MA Zip: 0219	14 Phone #: 617 - 627 - 358/
am an employer with 4500 employees (full and/or part time).  I am a sole proprietor or partnership and employees.  We are a corporation that has exercised of exemption per c152 s1(4), and have no exemption that the exemption per c152 s1(4).	have no Office and Nonprofit our right of mployees. Manufact	ring re
Workers' compensation insurance inform	ation (if applicable):	
Insurance Company Name: NEW YO	BK MARINE & GO	SNERAL FUSURANCE COMPA
Address: PO BOX 22779		
City: OKLAHOMA CITY	State: OK Zip: 731	23Phone #: 405 - 840 - 0074
Policy #: WC 2013EPP C	00063	23Phone #: 405 - 840 - 0074 Expiration Date: 7/1/2014
Applicant certification:		ř
Failure to secure coverage as required und penalties of a fine up to \$1,500.00 and/or on WORK ORDER and a fine of \$100.00 a forwarded to the Office of Investigations of the secure coverage as required under the secure coverage as required to the secure coverage as req	ne years' imprisonment as well a day against me. I understand	as civil penalties in the form of a STOP that a copy of this statement may be
I do hereby certify under the pains and penals	ties of perjury that the informati	on provided above is true and correct.
Signature: By To MA	nf	Date: 7/24/2013
Print Name: BRET MURK	Ay	
Official use only. Do not writ	te in this area. To be completed	by city or town official.
City or Town:	Permit/License #:	☐ Building Department☐ City/Town Clerk☐ Licensing Board
Contact Person:	Phone #:	Selectmen's Office Other

(revised Jan. 2008)