

APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date 7/21/2014

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

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

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 CITY CLERK'S OFFICE
 SOMERVILLE, MA

Business (DBA) Name: Milne House - Tufts University Phone: 617-627-3992

Applicant's Federal Employer Identification Number: 04-2103634

Applicant's Legal Name: Trustees of Tufts College dba Tufts University

Applicant's Address (with Zip Code): 8-10 Whitfield Road Somerville, MA 02144

Mailing Name (where we should send correspondence to): Tufts University Facilities Services

Mailing Address (with Zip Code): 520 Boston Ave. Medford, MA 02155

Emergency Contact: DANA Andrus Phone: 617-627-3992
Tufts University Police 617-627-3030

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: Trustees of Tufts College dba Tufts University
Name of President: Anthony Monaco
Name of Secretary: Paul Tringale Name of Treasurer: Thomas McGonty

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: Tufts University Milne House

Number of residents at this lodging house: 10

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: Dana P. Andrus (Agent) Date: 7/21/2014
Print Name: Dana P. Andrus (Agent) Phone: 617-627-3992

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>7-31-14</u> <u>C. Fernandez</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/11/14</u> <u>Dep. Ch. Muel Army</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/21/14</u> <u>John Gunn</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-21-14</u> <u>Al Burt</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-25-14</u> <u>Michelle Dahl</u> Health Inspector or Designee	

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 TUFTS COLLEGE
Address: 169 HOLLAND ST
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3981

- I am an employer with 4,500 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: EDUCATION

Workers' compensation insurance information (if applicable):

EXCESS Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE CO.
Address: PO BOX 2778
City: OKLAHOMA CITY State: OK Zip: 73123 Phone #: 405-840-0074
Policy #: SE-702; EXCESS - WC2014EP00063 Expiration Date: 7/1/2015

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: Bret Murray Date: 7/27/2014
Print Name: BRET MURRAY

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: _____