



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW LODGING HOUSE LICENSE**

**TRUSTEES OF TUFTS COLLEGE  
45 SAWYER AVE  
TUFTS UNIVERSITY FACILITIES DE  
520 BOSTON AVE  
MEDFORD, MA 02155**

License #: **98**

Fee: **550.00**

Account ID: **112**

Reference #: **98**

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: <b>45 SAWYER AVE</b> Business Location: <b>45 SAWYER AVE</b> Business Phone: <b>617-627-3992</b>	
License Holder: <b>TRUSTEES OF TUFTS COLLEGE 45 SAWYER AVE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD, MA 02155 617-627-3992</b>	
Mailing Address: <b>TRUSTEES OF TUFTS COLLEGE 45 SAWYER AVE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD, MA 02155</b>	
Business Type: <b>CORPORATION (INC. LLC)</b>	
FID: <b>042103634</b>	
Food Manager/Emergency Contact: <b>DANA ANDRUS</b>	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **NOT APPLICABLE**

**15 RESIDENTS**

Description of Location and/or Other Conditions:

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: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_

# APPLICATION FOR A LODGING HOUSE LICENSE

2013 AUG 28 A 11:28

Application Fee \$550.00

Date 7/23/2013

CITY CLERK'S OFFICE  
SOMERVILLE, MA

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

Business (DBA) Name: 45 Sawyer Ave. - Tufts University Phone: 617-627-3992

Business Location (with Zip Code): 45 Sawyer Ave. Somerville, MA 02144

Applicant's Legal Name: Trustees of Tufts University

Applicant's Address (with Zip Code): Facilities Services 520 Boston Ave. Medford, MA 02155

Applicant's Email Address: dana.andrus@tufts.edu

Applicant's Federal Employer Identification Number: 04-2103634

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 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: Anthony Monaco

Address with Zip Code: Tufts University, Ballou Hall Medford, MA 02155

Partner's/Member's/Secretary's Name: Paul Trippale

Address with Zip Code: Tufts University Ballou Hall Medford, MA 02155

Partner's/Member's/Treasurer's Name: Thomas McGinty

Address with Zip Code: TAB 169 Holland St. Somerville, MA 02145

Lodging House Location 45 Sawyer Ave Somerville, MA 02144  
Number of residents at this lodging house: 15

### 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: Dana P. Andrews (Agent) Date: 7/23/13  
Print Name: Dana P. Andrews (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>7/25/13</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-16-13</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/20/13</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-20-13</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-5-13</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.

Trustees of Tufts College dba Tufts University  
\*Signature of Individual or Corporate Name (Mandatory)

[Signature]  
By: Corporate Officer (Mandatory, if a corporation)

04-2103634  
\*\*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: 45 Sawyer Ave. - Tufts University

Address of taxpayer/applicant's business in Somerville: 45 Sawyer Ave. Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: Facilities Services 520 Boston Ave. Medford, MA 02155

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) DANA P. ANDRUS (AGENT), 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<sup>RD</sup> day of July, 2013. Dana P. Andrus (Agent)  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: 7/24/13 INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☒ Real Estate ☒ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# 09200264 # 334034001 # \_\_\_\_\_ # \_\_\_\_\_

NOTES: 13318

CLERK'S INITIALS: UP

ORIGINAL STAMP:

13318

8-29-13

**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 & WALNUT HILL PROPERTIES, INC  
Address: 169 HOLLAND STREET  
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3881

- ☒ I am an employer with 4500 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 UNIVERSITY  
☐ Entertainment  
☐ Manufacturing  
☐ Health Care  
☐ Other \_\_\_\_\_

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

Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE COMPANY  
Address: PO BOX 22778  
City: OKLAHOMA CITY State: OK Zip: 73123 Phone #: 405-840-0074  
Policy #: WC 2013EPP 00063 Expiration Date: 7/1/2014

**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: 7/24/2013  
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 \_\_\_\_\_