



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

2016 AUG 30 A 10:41

**Application to Renew Lodging House License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**KAPPA CHARGE, THETA DELTA CHI FRATERNITY**  
**PO BOX 531**  
**SOMERVILLE MA 02143**

**License #:** BL15-000971  
**File #:** 15-768  
**Fee:** 605

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)
<b>Business/DBA Name:</b> THETA DELTA CHI FRATERNITY <b>Business Location:</b> 123 PACKARD AVE <b>Business Phone:</b> 978-430-5429	Kappa Charge Theta Delta Chi OF 978-375-1679 (Sandi Mintz)
<b>License Holder:</b> KAPPA CHARGE, THETA DELTA CHI FRATERNITY PO BOX 531 SOMERVILLE MA 02143	
<b>Mailing Address:</b> KAPPA CHARGE, THETA DELTA CHI FRATERNITY PO BOX 531 SOMERVILLE MA 02143	Mayflower Property mgmt LLC 6 MAYFLOWER DR. ANDOVER, MA 01810
<b>Business Type:</b> Corporation KYLE BOUTIN ANDREW WARD RICK WALSH	Jeffrey Thibodeau
<b>FID:</b> 046167828	
<b>Emergency Contact:</b> JOSHUA SCHULER <b>Phone:</b> 617-306-6354	Sandi Mintz 978 375 1679 *
<b>Name of lodging house:</b> THETA DELTA CHI <b>Location of lodging house:</b> 123 PACKARD AVE <b># of Residents:</b> 24	

\* 2nd number  
978-475-9560

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: Sandra Mintz, acting agent for Date: 7-6-16  
Kappa Charge, Theta  
Printed Name: SANDRA MINTZ Delta Chi Fraternity Phone: 978-375-1679

## LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Kappa Charge, Theta Delta Chi Fraternity  
Address (with Zip Code): 123 PACKARD AVE 021  
Name of Contact: Sandra Mintz (Prop. mgr.) Phone: 978-375-1679

Number of residents at this lodging house: 24

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>8-26-2016</u> <u>[Signature]</u> SGT JOHN TAM Police Chief or Designee <u>Chief's Admin Aide</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/16</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/15/16</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-15-16</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/15/16</u> <u>[Signature]</u> Health Inspector or Designee	



The Commonwealth of Massachusetts  
CITY OF SOMERVILLE  
*In accordance with the Massachusetts State Building Code, Section  
110.7, this*  
**CERTIFICATE OF INSPECTION**



is issued to TUFTS UNIV THETA DELTA CHI.

I certify that I have inspected the LODGING HOUSE use group R-1 Residential, hotels known as KAPPA  
CHARGE OF THETA DELTA located at **123 PACKARD AVE** in the city of Somerville, County of  
Middlesex, Commonwealth of Massachusetts.

The means of egress are sufficient for the following number of persons: 24 BEDS

BY STORY

Story BASEMENT	Capacity 4 BEDS	Story 1ST FLOOR	Capacity 10 BEDS	Story 2ND FLOOR	Capacity 10 BEDS
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BY PLACE OF ASSEMBLY OR STRUCTURE

Place of Assembly or Structure	Capacity	Location	Place of Assembly or Structure	Capacity	Location
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CI16-000291  
Certificate Number

08/15/2016  
Date Certificate Issued

09/01/2017  
Date Certificate Expires

*Paul J. Nonni*  
Paul Nonni  
Building Official

Special Requirements: Certificate #15

*A. B.*  
Albert Bargoot  
Building Inspector

The Building Official shall be notified within (10) days of any changes in the above information.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: KAPPA Charge Theta Delta Chi

Address of taxpayer/applicant's business in Somerville: 123 PARKER AVE

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 978 375 1679 evening: Same

I, (print name) Sandra Mintz, 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:**

<input type="checkbox"/> Real Estate <u>n/a</u>	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property <u>n/a</u>	<input type="checkbox"/> Other: <u>n/a</u>
# <u>11760</u>	# <u>334085001</u>	# <u>NA</u>	# <u>✓</u>

**NOTES:**

CLERK'S INITIALS: SH

ORIGINAL STAMP:

**received**  
8-30-16



*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: KAPPA CHARGE THETA DELTA CHI  
Address: 123 PACKARD AVE  
City: Somerville State: MA Zip: 02144 Phone #:

- ☐ I am an employer with \_\_\_\_\_ 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 non profit fraternal corporation

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

Insurance Company Name: Holmes Murphy  
Address: 13810 FNB PKWY ST 300  
City: Omaha State: NE Zip: 68154 Phone #: 402-898-4184  
Policy #: CA000020330-02 Gen. Lbty Expiration Date: 11/1/16  
Applicant certification: NHD384757- Property 4/1/17

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: Sandra M. Mintz, acting agent for Date: 8/1/16  
Print Name: Sandra Mintz TOX, Kappa Chapter

*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 \_\_\_\_\_