

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date 8/12/10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 8-13-2010

Amount Paid \$500.00 CK 1443

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: DELTA Tau Delta Foundation AT TUFTS UNIVERSITY Phone: 860-989-5829

Business DBA Name (if applicable): _____

Address with Zip Code: 98 Professors Row Somerville, MA.

Tax Identification Number: 23-7046605 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Frank J Mairano

Address with Zip Code: 60 Dyon Ave, Collinsville, CT 06019

Property Owner Name: DELTA Tau Delta Foundation AT TUFTS UNIVERSITY Phone: 860-989-5829

Address with Zip Code: _____

Emergency Contact 1: Frank J Mairano Phone: 860-989-5829

Emergency Contact 2: Lee Jenkins Phone: 781-856-9830

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other Not For Profit Corp

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: Frank J Mairano

Address with Zip Code: 60 Dyon Ave, Collinsville, CT

Partner's/Member's/Secretary's Name: Michela Heliang

Address with Zip Code: 27 Mich Lane, Suite 101, Woblesley, MA 02481

Partner's/Member's/Treasurer's Name: Jan Sterns

Address with Zip Code: 15 Winthrop Rd, Belmont MA 04278

Number of residents at this lodging house: 12 with a possib

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: [Signature] Date: 8/12/10

Print Name: Frank J. Mainone Phone: 860-989-5829

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<u> </u> Approved <u> </u> Denied Date <u> </u> _____ Police Chief or Designee	<input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>8/26/10</u> <u>[Signature]</u> A/LT _____ Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>8/26/10</u> <u>RSM</u> <u>[Signature]</u> _____ Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>8-13-10</u> <u>[Signature]</u> _____ Building Inspector or Designee
<u> </u> Approved <u> </u> Denied Date <u>8-13-10</u> <u>[Signature]</u> _____ Health Inspector or Designee	

Please fax to Jo-Ann City Clerk's
617-625-4239

Number of residents at this lodging house: 12 with or possible

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Signature of Applicant: [Signature] Date: 8/12/10

Print Name: Frank J. Mainone Phone: 603-959-5829

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>8/18/2010</u> <u>[Signature]</u> Police Chief or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Chief Fire Engineer or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-13-10</u> <u>[Signature]</u> Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-13-10</u> <u>[Signature]</u> Health Inspector or Designee	

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Signature of Applicant: [Signature] Date: 8/12/10
Print Name: Frank J. Mainano Phone: 860-989-5829

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<u> </u> Approved <u> </u> Denied Date <u> </u> _____ Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <u> </u> Denied Date <u>8-13-10</u> <u>[Signature]</u> Building Inspector or Designee
<u> </u> Approved <u> </u> Denied Date <u>8-13-10</u> <u>[Signature]</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: DEZTA TAU DEZTA FOUNDATION OF TUFTS UNIVERSITY
 Address: 98 PROFESSORS ROW
 City: SOMERVILLE State: MA Zip: _____ Phone #: 603-989-5829

- | | | |
|--|----------------|--|
| <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 checked="" type="checkbox"/> Nonprofit |
| | | <input type="checkbox"/> Entertainment |
| | | <input type="checkbox"/> Manufacturing |
| | | <input type="checkbox"/> Health Care |
| | | <input type="checkbox"/> Other _____ |

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: [Signature] Date: 8/12/10
 Print Name: FRANK J MAIANO President

Official use only. Do not write in this area. To be completed by city or town official.

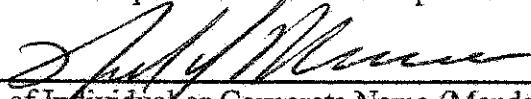
City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

<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
<input type="checkbox"/>	Other _____

**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.



*Signature of Individual or Corporate Name (Mandatory)

Frank J. Marinacci, President

By: Corporate Officer (Mandatory, if a corporation)

23-7046605

**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.

12.30



CITY OF SOMERVILLE, MASSACHUSETTS

Treasury Department

JOSEPH A. CURTATONE

MAYOR

ELIZABETH CRAVEIRO
TREASURER & COLLECTOR

WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- 1. Name of person requesting certificate: _____
 - 2. Business Location: 92 PROFESSORS ROW
- AND/OR
- 3. Taxpayer's Home Address: _____
Phone: day: _____ evening: _____
 - 4. Business Owner's Home Address: _____
Business Owner's Phone: day: _____ evening: _____
 - 5. Business I.D. Number _____

I, _____, 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. I further certify 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____.

(Business/Real Estate Owner's signature)

Please Print Owner's Name

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: _____

04180100

346046001

NO ACC

CLERK'S INITIALS: _____

ORIGINAL STAMP:

received
12-11-10

PLEASE CHECK: BUSINESS PERMIT OR _____ BUILDING PERMITS