



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

APPLICATION TO RENEW LODGING HOUSE LICENSE

**TUFTS CHAPTER OF DELTA UPSILON
DELTA UPSILON FRATERNITY
114 PROFESSORS ROW
MEDFORD, MA 02155**

License #: **116**
Fee: **550.00**
Account ID: **127**
Reference #: **116**

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: DELTA UPSILON FRATERNITY Business Location: 114 PROFESSORS ROW Business Phone: 603-759-5058	
License Holder: TUFTS CHAPTER OF DELTA UPSILON DELTA UPSILON FRATERNITY 114 PROFESSORS ROW MEDFORD, MA 02155 603-759-5058	
Mailing Address: TUFTS CHAPTER OF DELTA UPSILON DELTA UPSILON FRATERNITY 114 PROFESSORS ROW MEDFORD, MA 02155	<i>SEE ATTACHED.</i>
Business Type: CORPORATION (INC. LLC)	
FID: 204225848	
Food Manager/Emergency Contact: 617-623-9327	

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

Hours: **NOT APPLICABLE**

23 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

Application Fee \$550.00

Date 8/14

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>9/25/2013</u>
Amount Paid	<u>550.00</u>

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

Business (DBA) Name: Tufts chapter Delta Upsilon Phone: (714) 222-8554

Business Location (with Zip Code): 114 Professor's ^{Row} ~~Row~~ Somerville, MA 02154

Applicant's Legal Name: Tufts chapter Delta Upsilon

Applicant's Address (with Zip Code): 114 Professor's Row Somerville MA

Applicant's Email Address: Jack.Doll09@gmail.com

Applicant's Federal Employer Identification Number: 20-4225848

Mailing Name (where we should send correspondence to): John Doll

Mailing Address (with Zip Code): 114 Professor's Row Somerville MA

Emergency Contact: John Doll Phone: (714) 222-8554

Type of Business (Check one):
 Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other NON-PROFIT

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: Patrick Kazley

Address with Zip Code: 163 college ave. Medford MA 02155

Partner's/Member's/Secretary's Name: Thomas Meade

Address with Zip Code: 114 Professor's Row Somerville MA 02144

Partner's/Member's/Treasurer's Name: John Doll

Address with Zip Code: 114 Professor's Row Somerville MA 02144

2013 SEP 25
CITY CLERK'S OFFICE
SOMERVILLE, MA

Number of residents at this lodging house: 23

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: John L Doll Date: 8/8/13
Print Name: John L Doll Phone: (714) 222-8554

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>8/14/13</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-25-13</u> <u>Ronael Selig</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/28/13</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-28-13</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/28/13</u> <u>[Signature]</u> Health Inspector or Designee	