

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00

Date JUNE 27, 2013

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 7/3/13 -MS

Amount Paid \$550.00 cl# 469

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: DELTA TAU DELTA FOUNDATION
OF TUFTS UNIVERSITY INC Phone: 860-989-5829

Business Location (with Zip Code): 98 Professors Row, Somerville, MA

Applicant's Legal Name: FRANK J MAINANO / For DTD Foundation

Applicant's Address (with Zip Code): 60 DYER AVE, CONTON, CT 06019

Applicant's Email Address: FRANK@MAINANO.COM

Applicant's Federal Employer Identification Number: 23-7046605

Mailing Name (where we should send correspondence to): DTD Foundation c/o Frank Mainano

Mailing Address (with Zip Code): 60 DYER AVE, CONTON, CT 06019

Emergency Contact: KEN VACOVEC Phone: 617-264-0500

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: _____

Address with Zip Code: _____

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

2013 JUL -3 P 3:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

2013 JUL -3 P 3:02
CITY CLERK'S OFFICE
SOMERVILLE, MA

Number of residents at this lodging house: 27

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: 6/27/13
 Print Name: Francis McHinnis Phone: 617-989-5827

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>7/13</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 type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Health Inspector or Designee	

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Signature of Applicant: [Signature] Date: 6/27/13

Print Name: Frankie McArthur Phone: 617-989-5229

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

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/02/13</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/2/13</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>6/27/13</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-2-13</u> <u>[Signature]</u> Health Inspector or Designee	



CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR
CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: _____

BUSINESS LOCATION: 98 Professor's Row AND/OR

TAXPAYER'S HOME ADDRESS: 65 SUMMIT

TAXPAYER/APPLICANT PHONE: DAY: 860-989-5829 EVENING: SAME

BUSINESS NAME: DELTA TAU DELTA FOUNDATION OF TUFTS UNIVERSITY INC.

BUSINESS ID NUMBER: 23-7046605 BUSINESS PHONE: _____

I (print name) FRANK J. MAIRANO, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 27 day of JUNE,

2013 [Signature] (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID

04180100

12689

**WATER/SEWER ID

346046001

**PERSONAL PROPERTY

N/A

**OTHER

NOTES:

CLERKS INITIALS: M. M.

BUSINESS or BUILDING
PERMIT

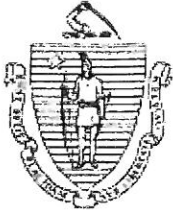
ORIGINAL STAMP

311
SOMERVILLE

Somerville City Hall • 93 Highland Avenue • Somerville, Massachusetts 02143
(617) 625-6600, Ext. 3500 • TTY: (617) 666-0001 • Fax: (617) 666-9682
www.somervillema.gov



RECEIVED
6-27-13



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: DEATH THE DEATH FOUNDATION OF TUFTS UNIVERSITY

Address: 98 Professors Row

City/State/Zip: Somerville MA Phone #: 860-989-5829

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☒ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☒ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] President Date: 6/30/13

Phone #: 860-989-5829

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____