



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

2016 SEP 13 A 9:00

Application to Renew Lodging House License

TUFTS CHAPTER OF DELTA UPSILON
114 PROFESSORS ROW
SOMERVILLE MA 02144

License #: BL15-000116
File #: 15-127
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)
Business/DBA Name: DELTA UPSILON FRATERNITY Business Location: 114 PROFESSORS ROW Business Phone: 508-525-0777	Business Phone: 508-930-7299
License Holder: TUFTS CHAPTER OF DELTA UPSILON 114 PROFESSORS ROW SOMERVILLE MA 02144	
Mailing Address: TUFTS CHAPTER OF DELTA UPSILON 114 PROFESSORS ROW SOMERVILLE MA 02144	
Business Type: Corporation MATTHEW CAHILL MICHAEL RANDO ALEXANDER KIM	Corporation Michael Rando Brett Phillips JP Garcia
FID: 204225848	
Emergency Contact: MICHAEL STEARNS Phone: 508-525-0777	Alexander Kim (925)-786-5643
Name of lodging house: DELTA UPSILON Location of lodging house: 114 PROFESSORS ROW # of Residents: 20	# of Residents: 23

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: _____

Printed Name: Alexander Kim

Phone: _____

6/30/16
925-786-5643

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Delta Upsilon Fraternity
 Address (with Zip Code): 114 Professors Row, Somerville, MA 02144
 Name of Contact: Alexander Kim Phone: 925-786-5643

Number of residents at this lodging house: 23

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>7-13-2016</u> <u>[Signature]</u> SGT JOHN TAM Police Chief or Designee <i>Chief's Admin. Aide</i>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-7-2016</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/12/16</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-13-16</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/8/16</u> <u>[Signature]</u> Health Inspector or Designee	

Tufts

Lodging House License

Date received by Records: 7/6/16

Reviewed by: J TAM

Date reviewed: 7-13-2016

Number of Incidents over last year: 3

(see attached)

Recommendation:

Approve Deny

Reason for denial:

Date sent to Chief/Deputy Chief:

7-13-2016



6493.21

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Delta Upsilon Fraternity

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: 114 Professors Row, Medford, MA

Taxpayer/applicant's phone: day: 925-786-5643 evening: 508-930-7299 02144

I, (print name) Alexander Kim, 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 30th day of June, 20 16. [Signature]
(Taxpayer's signature)

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: _____
12935 # 334026001 # _____ # _____

NOTES:

CLERK'S INITIALS: URS

ORIGINAL STAMP: UBenard
9-13-16

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: Delta Upsilon Fraternity

Address: 114 Professors Row

City: Somerville State: MA Zip: 02144 Phone #: 508-525-0777

- | | |
|---|--|
| <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 checked="" 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 type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>Fraternity</u> |

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:  Date: 6/30/16

Print Name: Alexander Kim

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

City or Town: _____	Permit/License #: _____	<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
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____

(revised Jan. 2008)