

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

TUFTS UNIVERSITY
520 BOSTON AVENUE
MEDFORD MA 02155 4444

Lic#: F-2011-139
B.O.A.#: 159261
Fee: \$500.00

Restricted to: 24,005 Gallons Total
Restricted as follows;
STORAGE ONLY
20,000 GALS. #2 FUEL OIL
1,005 GALS. CLASS 1-2-3 FLAMMABLES
3,000 CUBIC FEET OF COMPRESSED GASES

APPROVED FACILITIES DEPARTMENT

Account # 5574-P430100

By Dana P. Andrews

Date 4/15/2011

4/21/11

PO # 0082260 APR 27 2011

Is the holder of the license originally granted 09/01/1964
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00061 TALBOT AV
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: TUFTS UNIVERSITY TEL: 617-627-3496
Company Address: 00061 TALBOT AV

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: TUFTS UNIVERSITY TEL: 617-627-3496
Owner Address: 520 BOSTON AVENUE

Owner City: MEDFORD State: MA Zip: 02155
FID#: 042103634

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.
If the renewal application is not returned to the City Clerk's Office by
04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.
Check One: Owner ___ Occupant ___ Holder ___

Dana P. Andrews
Signature of Applicant

520 Boston Ave
Address

Medford MA 02155
City State Zip

** Office Use Only **

Received: _____

City Clerk

APR 15 2011 10:09 AM
CITY CLERK'S OFFICE
SOMERVILLE MA


500.00

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.

Trustees of Tufts University


* Signature of Individual or Corporate Name (Mandatory)

Darleen Karp

By: Corporate Officer (Mandatory, if a corporation)

04-2103634

** 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 MGL Chapter 62C Section 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Trustees of Tufts University

Address of taxpayer/applicant's business in Somerville: 61 Talbot Ave Somerville, MA

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

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) Dana P. Andrews, 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 15 day of

April, 20 11. Dana P. Andrews For Tufts University
(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: _____

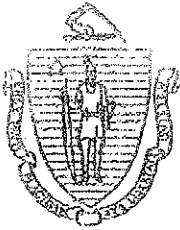
~~09200258~~ # NO ACK # _____ # _____

NOTES: 09200258

CLERK'S INITIALS: CA

ORIGINAL STAMP:

RECEIVED
5-9-11



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: TUFTS UNIVERSITY (TRUSTEES OF TUFTS COLLEGE)

Address: elo hkk Management 169 Holland St.

City/State/Zip: Somerville MA 02144 Phone #: 617 627 3981

Are you an employer? Check the appropriate box:

- 1. I am an employer with 4000 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 UNIVERSITY

*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. # 61CA 702 Expiration Date: 7/1/11

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 oaths and penalties of perjury that the information provided above is true and correct.

Signature: Doel V. [Signature] Date: 9/12/11

Phone #: 617 627 3981

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 #: _____