



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

Application to Renew Lodging House License

KAPPA CHARGE, THETA DELTA CHI FRATERNITY
PO BOX 531
SOMERVILLE MA 02143

License #: BL15-000971
File #: 15-768
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: THETA DELTA CHI FRATERNITY Business Location: 123 PACKARD AVE Business Phone: 978-430-5429	
License Holder: KAPPA CHARGE, THETA DELTA CHI FRATERNITY PO BOX 531 SOMERVILLE MA 02143	
Mailing Address: KAPPA CHARGE, THETA DELTA CHI FRATERNITY PO BOX 531 SOMERVILLE MA 02143	
Business Type: Corporation KYLE BOUTIN PHIL PARKER RICK WALSH	
FID: 046167828	
Emergency Contact: JOSHUA SCHULER Phone: 617-306-6354	
Name of lodging house: Not yet provided. Location of lodging house: 123 PACKARD AVE # of Residents: 22	

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: SCC ATTACHED Date: _____

Printed Name: _____ Phone: _____

APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date _____

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Kappa Charge, Theta Delta Chi Fraternity Phone: 978-430-5429

Applicant's Federal Employer Identification Number: 046167828

Applicant's Legal Name: Kyle Boutin

Applicant's Address (with Zip Code): P.O. Box 531 Somerville, MA 02143

Mailing Name (where we should send correspondence to): Kappa Charge, TDC

Mailing Address (with Zip Code): P.O. Box 531 Somerville, MA 02143

Emergency Contact: Ioshua Schuler Phone: 617-306-6354

Type of Business (Check Only One and Provide the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

Trust: Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

Corporation: Name of Corporation: Kappa Charge, Theta Delta Chi

Name of President: Kyle Boutin

Name of Secretary: Rick Walsh Name of Treasurer: Andrew Ward

LLC: Name of LLC: _____

Names of All Managers Who Own More Than 10%: _____

Other (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Kappa Charge, Theta Delta Chi Fraternity

Number of residents at this lodging house: ~~22~~ 24

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. 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 Applicant: *Kyle Boutin* Date: 7/16/15

Print Name: Kyle Boutin Phone: 978-430-5429

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>7/16/15</u> <u><i>[Signature]</i></u> Police Chief or Designee <u><i>Asst. Chief</i></u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/28/15</u> <u><i>[Signature]</i></u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ <u><i>[Signature]</i></u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/28/15</u> <u><i>[Signature]</i></u> Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/28/15</u> <u><i>[Signature]</i></u> Health Inspector or Designee	



2015 JUL 28 P 12:08

City of Somerville, Massachusetts
Finance Department, Treasury Division

CITY CLERK'S OFFICE
SOMERVILLE, MA

CERTIFICATE OF GOOD STANDING

Kappa Charge, Theta Delta Chi Fraternity

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

Address of taxpayer/applicant's business in Somerville: 123 Packard Avenue

Address of taxpayer/applicant's home in Somerville: P.O. Box 531 Somerville, MA 02143

Taxpayer/applicant's phone: day: 978-430-5429 evening: 978-430-5429

I, (print name) Kyle Boutin, 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 16th day of July, 20 15.
Kyle Boutin
(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: _____
11607 # 334085001 # _____ # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

2015 JUL 28 P 12:08

CITY CLERK'S OFFICE
SOMERVILLE, MA

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: Kappa Charge, Theta Delta Chi Fraternity

Address: 123 Packard Avenue

City: Somerville State: MA Zip: 02144 Phone #: 978-430-5429

- I am an employer with ____ employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: Holmes Murphy

Address: 10707 Pacific Street, Suite 200

City: Omaha State: NE Zip: 68114 Phone #: (800) 736-4327

Policy #: NHD 355 4941 (Property Insurance) Expiration Date: 04/01/16

FBP 2202592 (Equipment Insurance) 04/01/16

Applicant certification:
Risk Management - Risk Liability

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: *Kyle Boston* Date: 7/16/15

Print Name: Kyle Boston

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 #: _____

- Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

(revised Jan. 2008)