

2011 AUG 15 A 10:33

APPLICATION FOR A LODGING HOUSE LICENSE

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application Fee \$500.00
Date 7/15/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 8/15/11
Amount Paid \$550

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

Business Name: Walnut Hill Properties Corp Phone: 781-391-5300

Business DBA Name (if applicable): Alpha Omicron Pi

Address with Zip Code: 25 Whitfield Rd., Somerville 02144

Tax Identification Number: _____ Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Walnut Hill Properties Corp.

Address with Zip Code: PO Box 53053, Medford MA 02153

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Bruce L. Ketchen Phone: 781-391-5300

Emergency Contact 2: _____ Phone: _____

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: Richard W. Reynolds

Address with Zip Code: Tufts University, 520 Boston Ave, Medford MA 02155

Partner's/Member's/Secretary's Name: Bruce L. Ketchen

Address with Zip Code: WHPC, 47 Winthrop St, Medford, MA 02155

Partner's/Member's/Treasurer's Name: Thomas S. McGarty

Address with Zip Code: Tufts University, 169 Holland St, Somerville MA 02144

Number of residents at this lodging house: 12

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.

By: Signature of Applicant: *Bruce L. Ketchen* ^{*Walnut Hill Properties Corporation*} Date: 7/15/11
Print Name: Bruce L. Ketchen Phone: 781-391-5300
Its General Manager

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>8/4/11</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/1/11</u> Insp. <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/29/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-29-11</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/29/11</u> <u>[Signature]</u> Health Inspector or Designee	

**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.

Walnut Hill Properties

*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-3419100

~~U.S. 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 Mass. G.L. c. 62C s. 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: Walnut Hill Properties Corporation

Address of taxpayer/applicant's business in Somerville: PO Box 53053, Medford MA 02153

Address of taxpayer/applicant's ~~business~~ ^{property} in Somerville: 25 Whitfield Rd

Taxpayer/applicant's phone: day: 781-391-5300 evening: _____

I, (print name) Bruce L. Ketchen, 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 15th day of July, 2011. By [Signature] Walnut Hill Properties Corporation
(Taxpayer's signature) Its General Manager

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: _____

16059 # 33404400 # NO ACK # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 

RECEIVED
8-9-11

2011

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: Walnut Hill Properties Corporation
Address: PO Box 53053 Tufts Branch
City: Medford State: MA Zip: 02153 Phone #: 781-391-5300

- I am an employer with 4000 employees Business Type: Retail
 (full and/or part time). Restaurant/Bar/Eating Establishment
 I am a sole proprietor or partnership and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Nonprofit
 We are a nonprofit organization staffed by volunteers and have no employees. Entertainment
 Manufacturing
 Health Care
 Other

Workers' compensation insurance information (if applicable):

Insurance Company Name: Trustees of Tufts College
Address: c/o Risk Management, 169 Holland St.
City: Somerville State: MA Zip: 02144 Phone #: 617 627-3981
Policy #: JELA Injured Lic # 702 Expiration Date: 7/1/12

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: [Signature] Date: 7/14/11
Print Name: DAVID J STATION

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