APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00	FOR CITY CLERK'S O	FFICE ONLY		
7/05/15	Date Recorded		-	
Date	Amount Paid		<u> </u>	
New Application			NUG 20	
Renewing Application with Additions or Changes	S	===		
XRenewing Application with NO Additions or Cha	inges	OFF	D 2:	
Business (DBA) Name: HALL House TuPB		617-62 MA	7599	42
Business Location (with Zip Code): 98 PACKARd	The somervine	11111	1017	/
Applicant's Legal Name: TRUSKES OF TU	A . A/	M 10	t Ma	-010-
Applicant's Address (with Zip Code) Acilities Service	ies 520 Boston He	Meditor	1, MA	SULC
Applicant's Email Address: dana Andru				
Applicant's Federal Employer Identification Numb		34		
Mailing Name (where we should send correspondence to):_	- 1/5 10	-Facili	ties S	ervices
Mailing Address (with Zip Code): 520 Bostov		4 0215	S	
Emergency Contact: DANA ANDROS TUFFS UNIVERSIT	Phone: 61	7-627-2	3992 3030	
Type of Business (Check one):Sole Proprie		. LLP)	<u>X</u> Trúst	
Corporation	(inc. LLC)Other			
IF A SOLE PROPRIETOR:				
Owner's Name:				
Address with Zip Code:				
IF A PARTNERSHIP, TRUST OR CORPORATION	N (Attach additional sheets	s as needed):	
Partner's/Member's/President's Name: Hatha	MONACO	10 1 10	4.4	
Address with Zip Code: Tutts University	1. Ballov Hall W	ledford, 11	167 Oc	1155
Partner's/Member's/Secretary's Name: PArt	TRINGALE	10	* 744 *	~ ~ 1 - ~
Address with Zip Code: To As Universit	1	Medford	d, Mot	0,7122
Partner's/Member's/Treasurer's Name: Them		011	344 1	00 1110
Address with Zip Code: TAB 1691	tolland St. So	merville,	11/1/	72/45

Codging House Cocation 98 Number of residents at this lodging house:	Packard Aue Somerville, MA 12
ACKNOWLEDGEMENT	
understand that any information that is found forfeiture of this license. This license will be limitations set forth in the Somerville Code of laws, and any conditions prescribed by the City Signature of Applicant: Print Name:	on this application is true and accurate, and I to be false or misleading may result in the e subject to all of the terms, conditions, and f Ordinances, any applicable State and Federal of Somerville. Phone: 617-627-3992 this form to the City Clerk for consideration by
ApprovedDenied Date	Approved _Denied Date_\(\frac{1}{\lambda} \) Chief Fire Engineer or Designee
Highways, Lights & Lines Sup't or Designee	ApprovedDeniedDate_8-20-13 Building Inspector or Designee
Approved Denied Date 8.5.13 Health Inspector or Designee	



City of Somerville, Massachusetts Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

CENTIFICATE OF GOOD STATEMENT
Exact name of taxpayer/applicant's business: HALL House Tufts University
Address of taxpayer/applicant's business in Somerville: 98 PACKARD Ave. Somerville MA 02199
Address of taxpaver/applicant's home in Somerville Facilities Services 520 Boston Ave Medford, MA
Taxpayer/applicant's phone: day: $617-627-3992$ evening: $617-627-3030$
I, (print name) Dana P. Andrus (Agent), 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 23 day of Toly, 20 13. Transpayer'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:
<u>#99744010</u> <u>#334088001</u> # #
NOTES:
CLERK'S INITIALS: ORIGINAL STAMP:
Q Rancos

11399

Somerville City Hall • 93 Highland Avenue • Somerville Massachusetts 02143 (617) 625-6600 Ext. 3500 • TTY: (866) 808-4851 • Fax: (617) 666-9682

WWW.SOMERVILLEMA.GOV

\$ (Banas) 8-16-13

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.

1.0	
Trustees of Tufts College oba Tufts University	
*Signature of Individual or Corporate Name (Mandatory)	
Con III	
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 Mass. G.L. c. 62C s. 49A.

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: TRUSTEES of TUFTS	COLLEGE & WALNUT HILL PROPERTIES, I,
Address: 169 HOLLAND	STREET
City: SOMERVICLE State:	MA Zip: 02144 Phone #: 617 - 627-388/
am an employer with femployees Busin (full and/or part time). I am a sole proprietor or partnership and have no employees. We are a corporation that has exercised our right exemption per c152 s1(4), and have no employee We are a nonprofit organization staffed by volunteers and have no employees.	Nonprofit UNIVERS ITY of Entertainment
Workers' compensation insurance information (if	f applicable):
Insurance Company Name: NEW YORK /	MARINE & GENERAL FUSURANCE COMPI
Address: PO BOX 22778	
City: OKLAHOMA CITY State:	OK Zip: 73123Phone #: 405-840-0074
Policy #: WC 2013 EPP 000	63 Expiration Date: 7/1/2014
Applicant certification:	
penalties of a fine up to \$1.500.00 and/or one years'	ion 25A of MGL 152 can lead to the imposition of criminal imprisonment as well as civil penalties in the form of a STOP ainst me. I understand that a copy of this statement may be for coverage verification.
	erjury that the information provided above is true and correct.
Signature: By Many	Date: 7/24/2013
Print Name: BRET MURRAY	
Official use only. Do not write in this	s area. To be completed by city or town official.
City or Town: Permit	☐ Building Department☐ City/Town Clerk☐ Licensing Board
Contact Person: Phone	#: Selectmen's Office Other

(revised Jan. 2008)