APPLICATION FOR A LODGING HOUSE LICENSE

2014 AUG 26 P 12:58
CITY CLERKS OFFICE
SOMERVILLE, MA

Nonrefundable Application Fee $550.00

Date 7/21/2014

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	
Amount Paid	

__ New Application

__ Renewing Application with Additions or Changes

X Renewing Application with NO Additions or Changes

Business (DBA) Name: Capen House - Tufts University Phone: 617-627-3992

Applicant's Federal Employer Identification Number: 04-2103634

Applicant's Legal Name: Trustees of Tufts College dba Tufts University

Applicant's Address (with Zip Code): 8 Professors Row Somerville, MA 02144

Mailing Name (where we should send correspondence to): Tufts University Facilities Services

Mailing Address (with Zip Code): 520 Boston Ave. Medford, MA 02155

Emergency Contact: Dana Andrews Phone: 617-627-3992
Tufts University Police 617-627-3030

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: Trustees of Tufts College dba Tufts University

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

___ **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)

8 Professors Row

Business (DBA) Name: Capen House - Tufts University

Number of residents at this lodging house: 16

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: Dana P. Andrus (Agent) Date: 7/21/2014

Print Name: DANA P. Andrus (Agent) Phone: 617-627-3992

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

✓Approved __Denied Date 7-31-14 Charles J Femino Police Chief or Designee	✓Approved __Denied Date 8/11/14 Dep. Ch. Michael Avery Chief Fire Engineer or Designee
✓Approved __Denied Date 8/21/14 John Lawn Highways, Lights & Lines Sup't or Designee	XApproved __Denied Date 8-21-14 Al Brum Building Inspector or Designee
✓Approved __Denied Date 8-25-14 Health Inspector or Designee	

CITY OF SOMERVILLE, MASSACHUSETTS
Treasury Department
JOSEPH A. CURTATONE
MAYOR

CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: Dana Andrus Tufts University

BUSINESS LOCATION: 8 Professors Row Somerville, MA **AND/OR**

TAXPAYER'S HOME ADDRESS: 520 Boston Ave. Medford, MA 02155

TAXPAYER/APPLICANT PHONE: DAY: 617-627-3992 **EVENING:** 617-627-3030

BUSINESS NAME: Trustees of Tufts College dba Tufts University

BUSINESS ID NUMBER: 04-2103634 **BUSINESS PHONE:** _____

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 to the City of Somerville 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 14TH day of July, 20 14. Dana P. Andrus Agent (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: 8/1/14

TAXES AND ACCOUNT NUMBER(S)

**REAL ESTATE ID	**WATER/SEWER ID	**PERSONAL PROPERTY	**OTHER
99744080	33401500		

NOTES:

CLERKS INITIALS: JAB **BUSINESS or BUILDING PERMIT** **ORIGINAL STAMP**

311 SOMERVILLE

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

Address: 169 HOLLAND ST

City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3981

- [x] I am an employer with 4,500 employees (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 of exemption per c152 s1(4), and have no employees.
- [ ] We are a nonprofit organization staffed by volunteers and have no employees.

Business Type:
- [ ] Retail
- [ ] Restaurant/Bar/Eating Establishment
- [ ] Office and/or Sales (real estate, auto, etc.)
- [x] Nonprofit
- [ ] Entertainment
- [ ] Manufacturing
- [ ] Health Care
- [x] Other EDUCATION

Workers' compensation insurance information (if applicable):

EXCESS Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE CO.

Address: PO BOX 22778

City: OKLAHOMA CITY State: OK Zip: 73123 Phone #: 405-840-0074

Policy #: SE: 702; EXCESS - WC2014EPP00063 Expiration Date: 7/1/2015

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: 7/29/2014

Print Name: BRET MURRAY

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

City or Town: _____ *Permit/License #:* _____

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

Contact Person: _____ *Phone #:* _____

(revised Jan. 2[illegible])