APPLICATION FOR A LODGING HOUSE LICENSES FOR CITY CLERK'S OFFICE ONL Nonrefundable Application Fee \$550.00 Date Recorded 7/21/2014 Amount Paid S __ New Application Renewing Application with Additions or Changes X Renewing Application with NO Additions or Changes Business (DBA) Name: CAPON HOUSE - Tufts University Phone: 617-627-3992 Applicant's Federal Employer Identification Number: 04-2103634 Applicant's Legal Name: Tausfees of Tuffs College dha Tuffs I Wiversity Applicant's Address (with Zip Code): 8 Professors Row Somerville, MA 02144 Mailing Name (where we should send correspondence to): Totts University Facilities Services Mailing Address (with Zip Code): 520 Boston Ave. Med Ford, MA 02155 Emergency Contact: DANA ANDROS Phone: 617-627-3992

Topis 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 da 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 Rocci CAPEN HOUSE - TUPES UNIVERSIT Business (DBA) Name:____ Number of residents at this lodging house:_ 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:_ Print Name:___ Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen. Approved _ Denied Date 8/11/14 Date 7 Approvéd Denied Chief Fire Engineer or Designee Police Chief or Designee Approved Denied Date Approved Denied Building Inspector or Designee Highways, Lights & Lines Sup't or Designee Denied Approved

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: DAVA ANDRES TO PES UNIVERSITY
BUSINESS LOCATION: 8 Professors Row Somerville, MA AND/OR
TAXPAYER'S HOME ADDRESS: 520 Boston Ave. Medford, MA 02155
TAXPAYER/APPLICANT PHONE: DAY: 617-627-399 EVENING: 617-627-3030
BUSINESS NAME: TRUSTERS of Tufts College dba Tufts University
BUSINESS ID NUMBER: 04-2103634 BUSINESS PHONE:
I (print name) DANA P. AND VS (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
DATE OF ISSUANCE: CITY'S ACKNOWLEDGEMENT
TAXES AND ACCOUNT NUMBER(S) **REAL ESTATE ID
99744080 8 334615001 9
NOTES: CLERKS INITIALS: BUSINESS OF BUILDING ORIGINAL STAMP PERMIT

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 &	A TUPIS	COLLEGE	
Address: 169 HOCK	ANU 5/		
City: SOMER VICE	State: N	14 Zip:02/4VPI	ione #: 67-627-398/
I am an employer with 4.50 (full and/or part time). I am a sole proprietor or part employees. We are a corporation that has exemption per c152 s1(4), so We are a nonprofit organizativelunteers and have no employees.	Comployees Business nership and have no sexercised our right of and have no employees. ion staffed by	Type: Retail Restaurant/Bar/E	Sating Establishment les (real estate, auto, etc.)
Workers' compensation insura	uce information (if ap	plicable):	
EXCESS Insurance Company Name: No	EW YORK MAI	GINE & GENGLA	L FNSURANCE CO.
Address: Po Box 22			
City: OKLAHOMA	CITY State: Of	C Zip: 73/23 Ph	one #: 405-840-007
Policy #: ST: FOR: G	1655 - WC2019	1EPP00063 EX	piration Date: 7/1/2015
Applies at certification:			
manufacture of a fine year on \$1 500 f	0 and/or one years' imp	prisonment as well as civil me. I understand that a	d to the imposition of criminal penalties in the form of a STOP copy of this statement may be
I do hereby certify under the pain	s and penalties of perju	ry that the informaticn prov	rided above is true and correct.
Signature:	Marin		te: 7/20/2014
Print Name:	MURRAY		
Official ass only.	Do not welte in this are	ea. To be completed by clay	or town official.
City or Town:	Perint/Lic	enso #:	Board of Bealth Building Department
C			Chy/Town Clerk
Contaci Person:	Phone #:		Licensing Board & Selectmen's Office]
Contact Person:			