

## APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date 5/12/10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 5/12/10 - MSAmount Paid \$500.00 ck 1428☐ New Application☐ Renewing Application with Additions or Changes☒ Renewing Application with NO Additions or ChangesBusiness Name: DELTA Tau Delta Fraternity at Tufts University Phone: 860-989-5829

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 98 Professors Row Somerville, MA.Tax Identification Number: 23-7046605 Check one: ☐ SSN ☒ FEINMailing Name (where we should send correspondence to): Frank J MairanoAddress with Zip Code: 60 Dyon Ave, Collinsville, CT 06019Property Owner Name: DELTA Tau Delta Fraternity at Tufts University Phone: 860-989-5829

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Frank J Mairano Phone: 860-989-5829Emergency Contact 2: Liz Jenkins Phone: 781-856-9830Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust  
☐ Corporation (inc. LLC) ☒ Other Not For Profit corp.

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: Frank J MairanoAddress with Zip Code: 60 Dyon Ave, Collinsville, CTPartner's/Member's/Secretary's Name: Michael Holian

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: Jane SternsAddress with Zip Code: 15 Winthrop Rd, Belmont MA 04278CITY CLERK'S OFFICE  
SOMERVILLE, MA

200 MAY 12 PM 1:34

Number of residents at this lodging house: 12 with 4 passes

### 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.

Signature of Applicant: [Signature] Date: 5/12/10

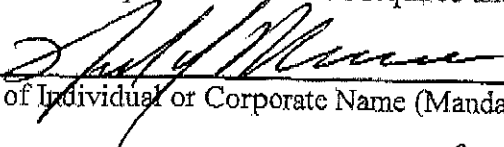
Print Name: Frank J Mairano Phone: 860-957-5829

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

<u>  Approved  </u> <u>  Denied  </u> Date <u>          </u>	<u>  Approved  </u> <u>  Denied  </u> Date <u>          </u>
Police Chief or Designee	Chief Fire Engineer or Designee
<u>  Approved  </u> <u>  Denied  </u> Date <u>          </u>	<u>  Approved  </u> <u>  Denied  </u> Date <u>          </u>
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee
<u>  Approved  </u> <u>  Denied  </u> Date <u>          </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.

  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

Frank J Mairano, President  
\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

23-7046605  
\_\_\_\_\_  
\*\*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: DEATH TAX DEATH FOUNDATION OF TUFTS UNIVERSITY  
 Address: 98 PROFESSORS ROW  
 City: SAMUEL VILLE State: MA Zip: \_\_\_\_\_ Phone #: 860-989-5829

- ☐ 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: 5/12/10  
 Print Name: FRANK J MAIRANO President

**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 \_\_\_\_\_



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

ELIZABETH CRAVEIRO  
TREASURER & COLLECTOR

**WARNING: TREASURY NEEDS FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM.**

CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Jonathan Stearns
2. Business Location: 98 Professors Row, Somerville, MA

AND/OR

3. Taxpayer's Home Address: \_\_\_\_\_  
Phone: day: \_\_\_\_\_ evening: \_\_\_\_\_
4. Business Owner's Home Address: \_\_\_\_\_  
Business Owner's Phone: day: \_\_\_\_\_ evening: \_\_\_\_\_
5. Business I.D. Number \_\_\_\_\_

I, Jonathan Stearns, 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; 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 30<sup>th</sup> day of April, 2010.

Jonathan Stearns  
(Business/Real Estate Owner's signature)  
Treasurer

Delta Tau Delta Foundation of Tufts University  
Please Print Owner's Name

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: \_\_\_\_\_
- # 0480100 # 346046001 # \_\_\_\_\_ # \_\_\_\_\_

CLERK'S INITIALS: JB ORIGINAL STAMP:

PLEASE CHECK: ☐ BUSINESS PERMIT OR ☒ BUILDING PERMITS

Received  
Barbara  
4-30-10