

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

TUFTS UNIVERSITY
520 BOSTON AVENUE
MEDFORD MA 02155 4444

Lic#: F-2010-139
B.O.A.#: 159261
Fee: \$500.00

Restricted to: 24,005 Gallons Total
Restricted as follows;
STORAGE ONLY
20,000 GALS. #2 FUEL OIL
1,005 GALS. CLASS 1-2-3 FLAMMABLES
3,000 CUBIC FEET OF COMPRESSED GASES

Is the holder of the license originally granted 09/01/1964
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00061 TALBOT AV
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: TUFTS UNIVERSITY TEL: 617-627-3496
Company Address: 00061 TALBOT AV

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: ___ Co: ___ Corp: ___ Trust: X Agency ___ Ship ___ Other ___
Gov't Partner

Owner Name: TUFTS UNIVERSITY TEL: 617-627-3496
Owner Address: 520 BOSTON AVENUE

Owner City: MEDFORD State: MA Zip: 02155
FID#: 042103634

This Application must be signed and filed with the required fee no later than
April 30, 2010. The responsibility for filing on time is yours.
If the renewal application is not returned to the City Clerk's office by
04/30/2010 please advise this office at once.

This renewal application must be signed by the holder of the license.
Check One: Owner ___ Occupant ___ Holder ✓

Dana P. Andrews
Signature of Applicant
520 Boston Ave
Address
Medford MA 02155
City State Zip

** Office Use Only **
Received: _____
City Clerk
CITY CLERK'S OFFICE
SOMERVILLE, MA
2010 MAY 18 P 2:08
50. J

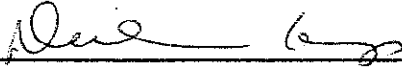
MASSACHUSETTS DEPARTMENT OF REVENUE

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.

TRUSTEES OF TUFTS COLLEGE

* Signature of Individual or Corporate Name (Mandatory)



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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

- 1. Exact name of taxpayer/applicant's business: Trustees of Tufts University
- 2. Address of taxpayer/applicant's business in Somerville: 61 Tolboof Ave Somerville, MA
- 3. Address of taxpayer/applicant's ^{office} home in Somerville: 520 Boston Ave Medford, MA 02155
- 4. Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, DANA ANDRUS, 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 12th day of April, 2010. Dana P. Andrus
(Taxpayer'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: _____
 # 092 00 258 # 334 00 8001 # n/a # _____

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:

received
UBarrow
5-6-10

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: C/O Risk Management 419 Boston Ave
 City: MEDFORD State: MA Zip: 02155 Phone #: 6176273881

- I am an employer with 4000 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 Education

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: SELF Insured License # 702 Expiration Date: 2/1/10

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: 4/7/10
 Print Name: DAVID J SIATER, Director of Risk Mgmt.

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 _____

(revised Jan. 2008)