

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

TUFTS UNIVERSITY/~~MARK KEITH~~ KEVIN MAGUIRE
419 BOSTON AVE. DOWLING HALL
MEDFORD MA 02155

LIC #: 2012-243
B.O.A.# 181610

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: ___ Auto Body Work: ___ Parking or Storing Vehicles: X
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: TRUSTEES OF TUFTS COLLEGE TEL: 617-627-3502
Company Address: 00026 LOWER CAMPUS RD

City: SOMERVILLE State: MA Zip: 02143

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

Owner Name: TUFTS UNIVERSITY/~~MARK KEITH~~ KEVIN MAGUIRE TEL: 617-627-3502

Owner Address: 419 BOSTON AVE. DOWLING HALL

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

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 12:00 AM-12:00 PM
SATURDAY: 12:00 AM-12:00 PM
SUNDAY: 12:00 AM-12:00 PM

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-243
FEE: \$550.00

This is to certify: TUFTS UNIVERSITY/MARK KEITH
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 09/14/2006

Garage situated at: 00026 LOWER CAMPUS RD
Doing business as : TRUSTEES OF TUFTS COLLEGE
Shall not exceed: 136 Vehicles Inside
in addition the following restrictions apply:

APPROVED WITH CONDITIONS:

- 1. DEPENDENT ON SATISFACTORY ISD INSPECTION EVERY 60 DAYS.
2. DEPENDENT ON T&P TO INSPECT TRAFFIC MITIGATION AND LIGHTING.
3. PARKING FOR FACULTY AND STUDENTS NOT OVERFLOW

HOURS OF OPERATION: STUDENT PARKING 24HRS. 7 DAYS 365 DAYS A YEAR

This renewal certificate must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder ___

Kevin C. Maguire
Signature of Applicant
419 Boston Ave
Address
Medford MA 02155
City State Zip

** Office Use Only **
Mailed
2012 MAY 31 P 3:00
Received:
City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	TUFTS UNIVERSITY
Somerville Address and Zip Code:	169 HOLLAND ST.
Phone Number of the Business:	617-627-3572

The Legal Name of the License Holder:	Kevin Maguire
Street Address of the License Holder:	419 BOSTON AVE
City, State and Zip Code of the License Holder:	Medford MA 02155
Phone Number of the License Holder:	617-627-3572
Email Address of the License Holder:	Kevin.Maguire@Tufts.edu

Where We Should Send Mail: Name:	Louis Galvez
Street Address:	419 BOSTON AVE 1 ST FLOOR
City, State and Zip Code:	Medford MA 02155
Email:	Louis.Galvez-iii@Tufts.edu
Phone Number:	617-627-3983

Federal ID # (Do Not Give a Social Security #):	042103634
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Emergency Contact and Phone (For Fire Dept. Use):	617-627-6911	TUPD
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Type of Business (Check Only One and Give the Names Indicated):
<input type="checkbox"/> Sole Proprietor: Name of Owner: _____
<input type="checkbox"/> Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____
<input type="checkbox"/> Trust: Names of All Trustees Who Own More Than 10%: _____
<input type="checkbox"/> Corporation (inc. LLC): Name of President: ANTHONY MAJACO
Name of Secretary: Paul TRINGALE
Name of Treasurer: THOMAS MCGURTY
<input type="checkbox"/> Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: Paul Maguire Date 5/11/12

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.

TUFTS UNIVERSITY.
* Signature of Individual or Corporate Name (Mandatory) **Richard W. Reynolds**
VP - Operations
By: Corporate Officer (Mandatory, if a corporation)

642103634
** 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

Exact name of taxpayer/applicant's business: Trustees of Tufts College

Address of taxpayer/applicant's business in Somerville: 169 Holland St.

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-627-3572 evening: same

I, (print name) Louis Galvez, 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 9th day of May, 2012.
[Signature]
(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: _____
09000145 # 32601102 # _____ # _____
7503

NOTES: _____
CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: 



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly.

name: Trustees of Tufts College (Tufts University)
 address: c/o Risk Management Dept, 169 Holland Street Suite 322B
 city: Somerville state: MA zip: 02144 phone #

work site location (full address):
 I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with 400 employees (full & part time). Other University
 I am an employer providing workers' compensation for my employees working on this job.

company name: Trustees of Tufts College
 address: 169 Holland Street Suite 322B
 city: Somerville MA zip: 02144 phone #: (617) 627-3216

insurance co. Self Insured policy # Self Insured # 702

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:
 address:
 city: phone #:
 insurance co. policy #

company name:
 address:
 city: phone #:
 insurance co. policy #

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 year's 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: John Walker Date: 5/10/11
 Print name: JOHN WALKER Phone #: (617) 627-3216

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
 revised Sept. 2003