## APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00	FOR CITY CLERK'S OFFICE ONLY				
	Date Recorded				
Date7/21/2014	Amount Paid				
New Application Renewing Application with Additions or Change Renewing Application with NO Additions or Change	anges D				
Business (DBA) Name: 90-94 Cultis St. Tufts University Phone: 67762763992					
Applicant's Federal Employer Identification Number: 04-2103634					
Applicant's Legal Name: Trustees of Tufts Tollege dba Tufts University					
Applicant's Address (with Zip Code): 90-94 Cuptes St. Somerville, MA 02/44					
Applicant's Address (with Zip Code): 17 CORTS J.					
Mailing Name (where we should send correspondence to): Topts University Facilities Services  Mailing Address (with Zip Code): 520 Boston Ave Medford, MA 02155					
Mailing Address (with Zip Code): 3 20 1005 (010)	6[7-607-2001				
Emergency Contact: Danua Andros Tufts University	Phone: 617 (47-2020)				
) of the Wileisity	611-621 3030				
Type of Business (Check Only One and Provide th Sole Proprietor: Name of Owner: Partnership (inc. LLP): Name of Partnership:  Names of All Partners Who Own More Than 1					
Trust: Name of Trust:					
Names of All Trustees Who Own More Than 10%:					
Corporation: Name of Corporation: Trustees of Tuffs College dha Tuffs University					
Name of President: ANTHONY MONACO					
Name of Secretary: Paul Trigate Name of Treasurer: Thomas McGunty					
LLC: Name of LLC:					
Names of All Managers Who Own More Than	10%:				

Business (DBA) Name: Tuffe () Novel St	ity-90-94 CurtisSt.			
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: Dana P. Undus (Agent) Date: 7/2/12014				
Print Name: DAMA P. Hudrus (Aggy) Phone: 6/7-627-3992				
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.				
Approved _Denied Date 7-3/-14	ApprovedDenied Date_8////4			
Police Chief or Designee	Chief Fire Engineer or Designee			
Approved _ Denied Date _ 8 21 14  Highways Lights & Lines Sup't or Designee	KApproved Denied Date 8-21-/4  Building Inspector or Designee			
Approved Denied Date 8 25 11/ 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 ANDOS TOTTS UNIVERSITY				
BUSINESS LOCATION: 90-94 Cortis St. Somerville, MA AND/OR				
TAXPAYER'S HOME ADDRESS: 520 Boston Ave. Med Ford, MA 02155				
TAXPAYER/APPLICANT PHONE: DAY: 617-627-3992 EVENING: 617-627-3030				
BUSINESS NAME: TRUSTERS of Tufts College dbn Tufts University				
BUSINESS ID NUMBER: 04-2103634 BUSINESS PHONE: 617-627-3992				
I (print name) DANA P. Aways (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				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 14 Th day of Joly, 20 14. Quarter (Taxpayer's Signature)				
DATE OF ISSUANCE: 8/1/14 CITY'S ACKNOWLEDGEMENT				
TAXES AND ACCOUNT NUMBER(S)  **REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER				
99744220 399093001				
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 ay	A TUPIS CO	CLEGE	
	AND ST		
City: SOMER VICLE	State: MA	Zip: 02/9 V Phone	#: 67-627-3981
I am an employer with 4.500 (full and/or part time).  I am a sole proprietor or partner employees.  We are a corporation that has exemption per c152 s1(4), and we are a nonprofit organization volunteers and have no employ	ership and have no exercised our right of I have no employees. In staffed by	Restaurant/Bar/Eatir	real estate, auto, etc.)
Workers' compensation insuran	ce information (if applicat	le):	
ELESS Insurance Company Name: NE	W YORK MAGIN	E & GENGRAL	FNSUKANCE CO.
Address: PO BOX 227	78		
City: OKLAHOMA	CITY State: OK	Zip: 23/23 Phone	#: 495-840-007
Policy #: ST: 702; Gra			
Applicant certification:			
Pailure to secure coverage as req penalties of a fine up to \$1,500.00 WORK ORDER and a fine of \$ forwarded to the Office of Investiga	and/or one years' imprison 100.00 a day against me.	ment as well as civil pen I understand that a cop	alties in the form of a STOP
I do hereby certify under the pains	and penalties of perjury that	the information provided	above is true and correct.
Signature:	Marin	Date:	7/20/2014
Print Name: ERET A	lunary		/
Official are only. D	o not welso in this area. To		
City or Teren:	Permit/License #	A STATE OF THE PROPERTY OF THE	
			Building Department Chyllopa Clerk
			Licensing Roard Selectenen's Office
Contact Person:	Plone #:		Odier
(rovised Jon. 2	SHE TO LINE IT IN DEVILOPMENT AND THE	No. of Personal Control State Co., See St. 71.3	CONTRACTOR CONTRACTOR SERVICE AND ACTUAL CONTRACTOR OF THE CONTRAC