# APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee $500.00

Date 8-10-08

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 9-1-2010
Amount Paid $500.00

CITY CLERK'S OFFICE SOMERVILLE, MA 2010 SEP -1 P 3:12

__ New Application

__ Renewing Application with Additions or Changes

X Renewing Application with NO Additions or Changes

Business Name: ATO Associates, Inc. Phone: ______

Business DBA Name (if applicable): ______

Address with Zip Code: 134 Professors Row, Somerville MA 02144

Tax Identification Number: 04 6188591 Check one: __SSN __FEIN

Mailing Name (where we should send correspondence to): ATO Associates, Inc.

Address with Zip Code: P.O. Box 467813 Atlanta, GA 31146

Property Owner Name: ATO Associates, Inc. Phone: ______

Address with Zip Code: ATO Associates c/o Christopher Valente, K&L Gates, 1 Linco[ln] Boston, MA 02111

Emergency Contact 1: Miriam Gordon Phone: 617-737-8388

Emergency Contact 2: Christopher Valente Phone: 617-951-9071

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust X Corporation (inc. LLC) __Other ______

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: Miriam Gordon

Address with Zip Code: Mitchell & DeSimone 101 Arch St Boston, MA 02110

Partner's/Member's/Secretary's Name: Christopher Valente

Address with Zip Code: K&L Gates, 1 Lincoln St. Boston, MA 02111

Partner's/Member's/Treasurer's Name: Cristopher Pellegrino

Address with Zip Code: PO Box 467813 Atlanta, GA 31146

Number of residents at this lodging house: 19

**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: Calvin de Vries Date: 8/10/10

Print Name: Calvin de Vries, For ATO Associates, Inc. Phone: 848-250-4853

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

| | |
|---|---|
| ✓ Approved __Denied Date 8-31-10<br>Charles Femino<br>Police Chief or Designee | ✓ Approved __Denied Date 8/27/10<br>Lt. Avery (SFD)<br>Chief Fire Engineer or Designee |
| ✓ Approved __Denied Date 8/10/10<br>[signature]<br>Highways, Lights & Lines Sup't or Designee | X Approved __Denied Date 8-10-10<br>[signature]<br>Building Inspector or Designee |
| ✓ Approved __Denied Date 9/10/10<br>[signature]<br>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.

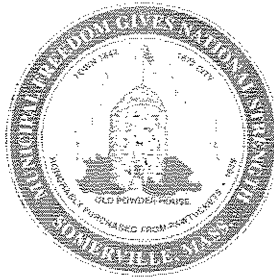
ATO Associates, Inc.
*Signature of Individual or Corporate Name (Mandatory)

By: Calvin de Vries, Calvin de Vries
By: Corporate Officer (Mandatory, if a corporation)

04 6188591
**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

Treasury Department
**JOSEPH A. CURTATONE**
**MAYOR**

Elizabeth A. Craveiro
CMMC/Treasurer

***WARNING: TREASURY WILL NEED UP TO FIVE (5) BUSINESS DAYS TO PROCESS THIS FORM***

## CERTIFICATE OF GOOD STANDING

1. Name of person requesting certificate: Emily Shaw
PLEASE PRINT

2. Business Location: 134 Professor's Row

AND/OR

3. Taxpayer's Home Address: ______

Phone: Day (315) 447-3152 Evening ______

4. Business Owner's Home Address: 134 Professor's Row B

Business Owner's Phone: Day (315) 4473152 Evening: ______

5. Business I.D. Number: ______

I, Emily Shaw, the undersigned Taxpayer, do
Taxpayer Print Name
hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paidand/or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

[signature]
(Business/Real Estate Owner's Signature)

Emily Shaw
PRINT Business/Real Estate Owners Name

Date of Issuance: 8-31-10 Includes Postings Through ______

Tax and Account Number(s) Included in Certificate:

RE 0101010 Water/Sewer 33409001 Personal Property ______ Other ______

CLERK'S INITIALS: LB

PLEASE CHECK ONE: ______ Business Permit OR ✓ Building Permit

CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE, MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (617) 666-0001 • FAX: (617) 666-9
EMAIL: treasury@somervillema.gov • www.somervillema.gov

received
8-31-10
ONE CALL TO CITY HALL 311 SOMERVILLE

*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: ATO Associates, Inc.

Address: PO Box 467813

City: Atlanta State: GA Zip: 31146 Phone #:

☐ I am an employer with ____ employees (full and/or part time).
☐ I am a sole proprietor or partnership and have no employees.
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.
☒ We are a nonprofit organization staffed by volunteers and have no employees.

**Business Type:**
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other ____

**Workers' compensation insurance information (if applicable):**

Insurance Company Name:

Address:

City: State: Zip: Phone #:

Expiration Date:

Policy #:

**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: Calvin de Vries For: ATO Associates Inc. Date: 8/10/10

Print Name: Calvin de Vries

*Official use only. Do not write in this area. To be completed by city or town official.*

*City or Town:* ____ *Permit/License #:* ____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* ____

*Contact Person:* ____ *Phone #:* ____

(revised Jan. 2008)