

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Lodging House License

TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155

License #:

BL15-000099

File #:

15-113

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	
	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: 9-11 SUNSET RD Business Location: 9 SUNSET RD Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust TRUSTEES OF TUFTS COLLEGE	
FID: 042103634	
Emergency Contact: DANIELA SOUSA Phone: 617-627-3992	
Name of lodging house: 9-11 SUNSET RD Location of lodging house: 9 SUNSET RD # of Residents: 6	

I hereby certify under the penalties of perjury that the follow- All information shown above is true and accurate.	
-Any changes above are subject to the approval of the BOA-I have filed all State tax returns and paid all State taxes re	ARD OF ALDERMEN.
Signal all State taxes to	
Signature: January June Printed Name: Daviel & Source	Date: 5-10-16
Printed Name: Daviel 2 Daviel	Phone: 5-10 - 16

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House:	9-11 Sunset Rd
Address (with Zip Code):/	9 Surset Rd 02143
Name of Contact: () () () () () () () () () (Phone: 0/7-627-3
Number of residents at this lodging house:	6
Obtain the signatures below before submitting the Board of Aldermen.	g this form to the City Clerk for consideration by
Catulan Catt Police Chief or Designee	Approved _Denied Date 8.3.20/6 4.1. Chief Fire Engineer or Designee
Approved _ Denied Date 8 2 16 Highways Lights & Lines Sup't or Designee	Approved _Denied Date & -2 - 1 & Building Inspector or Designee
ApprovedDenied Date	

THE



Lodging House License

Date received by Records: $8/9/6$	
Reviewed by:	
Date reviewed:	
Number of Incidents over last year:(see attached)	CHE Gord
Recommendation: Approve Deny Reason for denial:	

Date sent to Chief/Deputy Chief:

Main Form



SOMERVILLE POLICE DEPARTMENT SOMERVILLE, MA

CAD Incident Report #16009799

Incident	Information							
Incident #		Incident Dat		te		Call Taker		
16009799 02/20/2016		6 16:	56:50	e952				
Incident Type		_	Description					
723 CHK-COND				Priority 3				
Ems Level	Alarm Level	N	Modified By					
	1		952			Modified Date		
Event Info	rmatian					02/20/2016 16:57:46		
Municipality	mation							
1 SOMERV	ZILL D			Busir	iess Name			
	ILLE							
Fire Box			RA	RA				
717			126	126				
Correct Location								
11 SUNSET	RD							
Street #	Stree	t Name		Apartment # Cross		Cross Street		
1	SUN	ISET	RD			Closs Street		
lear			Landmark	I S	Additio	nol		
CURTIS ST	AND HILLSD	ALE						
2D		LLL			SEGMENT ADDRESSES RANGE FROM TO 25			
eporting l	Person				10 23			
P Name	RP P	hone		T ₁	Iow Receiv			
776 1479			- 	low Recen	ved			
P Address	Close	Other Appelliance		-	ate Closed			
	e397			_				
				10	02/20/2016 16:58:54			

Incidents

Agency Name	Incident Number	
SOM-PD	16009799	

Incident Types

Dispatch Class	Incident Type	
AMBULANCE	Турс	
FIRE/RESCUE		

POLICE

CHK-COND

Note(s)

Entered By	User ID
02/20/2016 16:57:08	e952
ion	0,02
p	
Entered By	User ID
02/20/2016 16:57:08	e952
ion	
-Continue: More information to follow.	
Entered By	User ID
02/20/2016 16:59:17	e397
ion	
Tufts pd notified	
	02/20/2016 16:57:08 ion p Entered By 02/20/2016 16:57:08 ion -Continue: More information to follow. Entered By 02/20/2016 16:59:17

Officers and Units

CAD Units					
Agency Name	Unit ID	Personnel Id	Officer Name		
SOM-PD	W6	306	CANTY, P		

Unit Statuses

CAD U	nits				
Unit ID	Status	Date/Time	Avail?	Location	Disp ID
W6	RESP	16:58:12	N		e397
W6	CLEAR	16:58:54	Y		e397

Dispositions

Dispositions				
Туре	Disposition	Incident Report?	Accident Report?	Due By
POLICE	(NDC) NO DISP CANCEL			CANTY, P



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

		F GOOD STANDIN	
Exact name of taxpaye	r/applicant's business: _	Tufts Univer	sity
Address of taxpayer/ap	plicant's business in Sor	merville: 9-11 Sur	nset Rd.
Address of taxpayer/ap	plicant's home in Somer	ville: 9 Sunse	t Rd
Taxpayer/applicant's pl	none: day: <u>6/7-627-</u>	3992 evening:	
I, (print name) hereby certify that all the	ne information contained	, the under herein is true and correct has entered into an agr	rsigned Taxpayer, do et and all taxes and fees reement to pay all taxes
	20 / 6 .	TIES OF PERJURY, thi	Mac
	CITY'S ACKNOW		
DATE OF ISSUANCE:	INCLUI	DES RELEVANT POSTINGS THR	OUGH:
TAXES AND ACCOUN	T NUMBER(S) INCL	UDED IN CERTIFICAT	ГЕ:
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:
#	#341057001	#	#
NOTES:			
CLERK'S INITIALS: _		ORIGINAL STAMP:	resource Sto
			2000



The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information	Please Print I
Business/Organization Name: Trustees of Tufts Colleg	e and Walnut Hill Properties Corr
Address: 169 Holland Street	Comp.
City/Stata/7in. Somenillo BAA 02444	Phone #: 617-627-3981
Are you an employer? Check the appropriate box: 1. I am a employer with 4,500 employees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]** 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.] *Any applicant that checks box #1 must also fill out the section below showing their fif the corporate officers have exempted themselves, but the corporation has other organization should check box #1.	Business Type (required): 5. Retail 6. Restaurant/Bar/Eating Establishment 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit 9. Entertainment 10. Manufacturing 11. Health Care 12. Other
I am an employer that is providing workers' compensation insurantees. Insurance Company Name: Self-Insured with Excess insurance insurance insurance. Insurer's Address: 59 Maiden Lane, Suite 2700	
City/State/Zip: New York, NY 10038-4647	
Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP Attach a copy of the workers' compensation policy declaration p Failure to secure coverage as required under Section 25A a 6 MOV.	agge (ghowing the - V
fine up to \$1,500.00 and/or one-year imprisonment, as well as civil p of up to \$250.00 a day against the violator. Be advised that a copy o Investigations of the DIA for insurance coverage verification.	152 can lead to the imposition of criminal penalties of a penalties in the form of a STOP WORK ORDER and a fine f this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury that the Signature:	e information provided above is true and correct. Date: 5/12/20/6
Phone #: 617-627-3981	Date. Trey own 6
Official use only. Do not write in this area, to be completed by cit	ty or town official
City on Towns	100000
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 6. Other	VLicense # 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

Boston MA 02110 INSURER A:New York Marine & General Ins (Insurer C) Trustees Of Tufts College 169 Holland Street-TAB Building Somerville MA 02144 COVERAGES CERTIFICATE NUMBER: CL157196473 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TOCKERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO SUBJECT TO THE INSURED NAMED ABOVE FOR TOCKERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURED NAMED ABOVE FOR TOCKERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE INSURANCE AFFORDED BY PAID CLAIMS. TYPE OF INSURANCE AFFORDED BY PAID CLAIMS. INSURER B: INSURER B: INSURER C: INSURER	
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If yes, describe under DESCRIPTION OF OPERATIONS below Total	
E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	1,000,000
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RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	1,000,000
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	ELIVERED IN

Michael Christian/LEM

Serial No. 11874

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.



This is to Certify that trustees of tufts college & walnut hill properties, inc.

of 169 Holland Street, Somerville, MA 02144

sub-paragraph (

-, having conformed with the provisions of) of Section 25A of Chapter 152 of the General Laws is hereby licensed

SELF-INSURER

FIR . 20 15., at 12:01 A.M., unless sooner revoked. This license is effective for a period of one year from the

day of

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DEPARTMENT OF INDIVISTRIAL ACCIDENTS

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS