



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. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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 following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Daniela Sousa* Date: 5-10-16

Printed Name: Daniela Sousa Phone: 5-10-16

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: 9-11 Sunset Rd
 Address (with Zip Code): 9 Sunset Rd 02143
 Name of Contact: Dan Brown Phone: 617-627-3992

Number of residents at this lodging house: 6

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

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-27-16</u> <u>Curtis Dan Olt</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-3-2016</u> <u>F.I. Ennis</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/2/16</u> <u>John Brown</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-2-16</u> <u>Al Brunner</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/2/16</u> <u>J. Hamel</u> Health Inspector or Designee	

7/15/16

9-11 Sunset Rd

Lodging House License

Date received by Records: 8/19/16

Reviewed by:

Date reviewed:

Number of Incidents over last year: 1 CHK Bnd
(see attached)

Recommendation:

Approve ✓ Deny

Reason for denial:

Date sent to Chief/Deputy Chief:



SOMERVILLE POLICE DEPARTMENT
SOMERVILLE, MA

CAD Incident Report #16009799

Incident Information

Incident #		Incident Date	Call Taker
16009799		02/20/2016 16:56:50	e952
Incident Type		Description	Priority
723 CHK-COND			3
Ems Level	Alarm Level	Modified By	Modified Date
	1	e952	02/20/2016 16:57:46

Event Information

Municipality		Business Name	
1 SOMERVILLE			
Fire Box		RA	
717		126	
Correct Location			
11 SUNSET RD			
Street #	Street Name	Apartment #	Cross Street
11	SUNSET RD		
Near	Landmarks	Additional	
CURTIS ST AND HILLSDALE RD		SEGMENT ADDRESSES RANGE FROM 1 TO 25	

Reporting Person

RP Name	RP Phone	How Received
	776 1479	
RP Address	Closed By	Date Closed
	e397	02/20/2016 16:58:54

Incidents

Agency Name	Incident Number
SOM-PD	16009799

Incident Types

Dispatch Class	Incident Type
AMBULANCE	
FIRE/RESCUE	

POLICE

CHK-COND

Note(s)

Note Type	Entered By	User ID
CALL-TKR	02/20/2016 16:57:08	e952
Narrative Description		
kid on roof standing up		
Note Type	Entered By	User ID
CALL-TKR	02/20/2016 16:57:08	e952
Narrative Description		
Added by Update-and-Continue: More information to follow.		
Note Type	Entered By	User ID
INFO	02/20/2016 16:59:17	e397
Narrative Description		
party has gone inside Tufts pd notified		

Officers and Units

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

Unit Statuses

CAD Units					
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				
Type	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

Exact name of taxpayer/applicant's business: Tufts University

Address of taxpayer/applicant's business in Somerville: 411 Sunset Rd.

Address of taxpayer/applicant's home in Somerville: 9 Sunset Rd

Taxpayer/applicant's phone: day: 617-627-3992 evening: _____

I, (print name) Daniela Sousa, 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 17th day of May, 2016. Daniela Sousa
(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: _____
_____ # 341057001 # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

RECEIVED
UPWARDS
8-22-16



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 Legibly

Business/Organization Name: Trustees of Tufts College and Walnut Hill Properties Corp.

Address: 169 Holland Street

City/State/Zip: Somerville, MA 02144

Phone #: 617-627-3981

Are you an employer? Check the appropriate box:

1. ☒ I am an 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.]

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 _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Self-Insured with Excess insurance through New York Marine & General Ins. Co.

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 # W2015EPP00063 Expiration Date: Both 07/01/2016

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 5/18/2016

Phone #: 617-627-3981

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

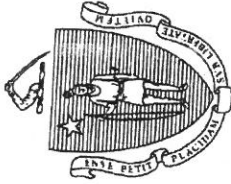
Contact Person: _____ Phone #: _____

Serial No. 11874

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

License No.
702



This is to Certify that TRUSTEES OF TUFTS COLLEGE & WALNUT HILL PROPERTIES, INC.
of 169 Holland Street, Somerville, MA 02144, having conformed with the provisions of
sub-paragraph (2, b) of Section 25A of Chapter 152 of the General Laws is hereby licensed
to be a

SELF-INSURER

This license is effective for a period of one year from the F I R S T day of
J U L Y 20 15, at 12:01 A.M., unless sooner revoked.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

Handwritten signature
D I R E C T O R

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS