

CITY OF SOMERVILLE

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

2015 AUG 26 P 3: 02

Application to Renew Lodging House License
CITY CLERK'S OFFICE
SOMERVILLE, MA

License #:

BL15-000976

File #:

15-773

Fee:

605

TRUSTEES OF TUFTS COLLEGE **520 BOSTON AVE** MEDFORD MA 02155

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

Office.	
INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: SOUTH HALL Business Location: 73 POWDER HOUSE BLVD Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS -Phone:	Daniela Sousa 617-627-3992
Name of lodging house: Not yet provided. Location of lodging house: 73 POWDER HOUSE BLVD # of Residents: 378	South Hall

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 B	OARD OF A	LDERMEN.	
I have filed all State tax) returns and paid all State taxes	required by	law for this business.	
		8 9	
Signature: Hanute Sun	Date:	8/21/15	
		117 107 5340	
Printed Name: Doniela Soura.	Phone:_	617-627-5348	

	Business (DBA) Name: South Hall Number of residents at this lodging house:		
	ACKNOWLEDGEMENT		
	understand that any information that is found forfeiture of this license. This license will b	on this application is true and accurate, and I d to be false or misleading may result in the e 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: Amile L	Date: 8 26 2015	
	Print Name: Daniela Stog	Phone: 617-627-3992	
	Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by	
	ApprovedDenied Date	Approved Denied Date 8/25/15 Fr. R. Mac Laughlan	
	Police Chief or Designee	Chief Fire Engineer or Designee	
	Approved Denied Date 8/25/15	Approved Denied Date 8/25/15	
	Highway, Lights & Lines Sup't or Designee	Building Inspector or Designee	
(Approved Denied Date \$ 5 /5 Health Inspector or Designee		
	Treatm hispector of Designee		

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: South Hall-Tifts University		
Address (with Zip Code): 73 Powder house	Blud Somefulle, MA 02144	
Name of Contact: Daniela Sousa	Phone: 6/7-627-3992	
Number of residents at this lodging house: 378		
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.		
Approved _Denied Date 8/16/15	ApprovedDenied Date	
Police Chief or Designee Deputy Chief	Chief Fire Engineer or Designee	
ApprovedDenied Date	ApprovedDenied Date	
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee	
ApprovedDenied Date		
Health Inspector or Designee		



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/ap	plicant's business:	outh Hall-Tufts	University
Address of taxpayer/applicant's business in Somerville: 73 Powder House Blud Somerville, MA			
Address of taxpayer/applicant's home in Somerville: Excilities Services-520 Boston Ave, Medford, M			
Taxpayer/applicant's phone	e: day: 617-627-30	992 evening: 6/7-62	7-3030
I, (print name) Daniela Sousa (agent), 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 day of			
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:
# 99743155	#33909900	#	#
NOTES: CLERK'S INITIALS: _		ORIGINAL STAMP:	



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.

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 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 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: Date: 8/24/2015 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 #:		

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2015

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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 CONTACT Leslie Emack
NAME:
PHONE
(A/C. No. Ext): (617) 330-5700
E-MAIL
ADDRESS 1 Emack certificate holder in lieu of such endorsement(s). FAX (A/C, No): (617) 439-3752 Risk Strategies Company E-MAIL ADDRESS: lemack@risk-strategies.com 160 Federal Street INSURER(S) AFFORDING COVERAGE MA 02110 INSURERA New York Marine & General Ins Co Boston INSURER B: Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : Somerville MA 02144 INSURER F : **CERTIFICATE NUMBER:CL157196473 REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHS ANY NEW JUNE MENT AND ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE LIMITS **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) S PERSONAL & ADV INJURY \$ GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ JECT PRODUCTS - COMP/OP AGG POLICY 2 OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY S BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED 3 PROPERTY DAMAGE \$ HIRED AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY
ANY PROPRIETORIPARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 NIA 7/1/2015 7/1/2016 WC2015EPP00063 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Issued as Evidence of Insurance CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANGE WITH THE POLICY PROVISIONS. Tufts University 169 Holland Street Somerville, MA 02144 AUTHORIZED REPRESENTATIVE

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Michael Christian/LEM