

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

TRUSTEES OF TUFTS UNIVERSITY, DANA P. ANDRUS

Lic#: F-2012-143

520 BOSTON AVE

B.O.A.#:

MEDFORD

MA 02155 4444

Fee: \$550.00

Restricted to: 20,000 Gallons Total

Restricted as follows;

STORAGE ONLY

20,000 GALS. FUEL OIL #6

2012 JUN 20 A 5 21
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 07/01/1936 for the lawful use of the building (s) or other structure situated or to be situated at 00037 LATIN WY as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: TUFTS UNIVERSITY TEL: 617-627-3496
Company Address: 00037 LATIN WY
BETWEEN TILTON & LEWIS HALL
City: SOMERVILLE State: MA Zip: 02144
Check One: Gov't Partner
Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Ship ___ Other
Owner Name: TRUSTEES OF TUFTS UNIVERSITY, DANA P. ANDRU TEL: 617-627-3992
Owner Address: 520 BOSTON AVE
Owner City: MEDFORD State: MA Zip: 02155
FID#: 042103634

This Application must be signed and filed with the required fee no later than April 30, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2012 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner ___ Occupant ___ Holder X

Dana P. Andrus

Signature of Applicant

520 Boston Ave

Address

Medford

MA

02155

City

State

Zip

** Office Use Only **

Mailed

Taken

Received: _____

City Clerk

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business:	<u>Tufts University</u>
Somerville Address and Zip Code:	<u>37 Latin Way</u>
Phone Number of the Business:	<u>617-627-3992</u> (Facilities Services Dept.)

The Legal Name of the License Holder:	<u>Trustees of Tufts College</u>
Street Address of the License Holder:	<u>169 Holland St.</u>
City, State and Zip Code of the License Holder:	<u>Somerville, MA 0214</u>
Phone Number of the License Holder:	<u>617-627-3992</u>
Email Address of the License Holder:	<u>dana.andrus@tufts.edu</u>

Where We Should Send Mail: Name:	<u>DANA Andrus Facilities Services Dept.</u>
Street Address:	<u>520 Boston Ave Medford, MA</u>
City, State and Zip Code:	<u>Medford, MA 02155</u>
Email:	<u>dana.andrus@tufts.edu</u>
Phone Number:	<u>617-627-3992</u>

Federal ID # (Do Not Give a Social Security #):	<u>04-2103634</u>
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Emergency Contact and Phone (For Fire Dept. Use):	<u>Tufts Univ Police Dept. 617-627-3030</u>
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Type of Business (Check Only One and Give the Names Indicated):	
Sole Proprietor: Name of Owner: _____	
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____	
Trust: Names of All Trustees Who Own More Than 10%: _____	
<input checked="" type="checkbox"/> Corporation (inc. LLC): Name of President: <u>Anthony Monaco</u>	
Name of Secretary: <u>Paul Trigale</u>	
Name of Treasurer: <u>Thomas McGurty</u>	
Other (Attach a Description of the Form of Ownership and the Names of Owners) _____	

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.

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

License Holder Signature: Dana P. Andrus (agent) Date 4/24/2012

*1100.00

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.

Trustees of Tufts College dba Tufts University
* Signature of Individual or Corporate Name (Mandatory)

Daniel P. O'Neil (Agent)
By: Corporate Officer (Mandatory, if a corporation)

04-2103634
** 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
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

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

Address of taxpayer/applicant's business in Somerville: 37 Latin Way

Address of taxpayer/applicant's home in Somerville: the same

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) DANA P. ANDRUS, 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 24TH day of April, 2012. Dana P. Andrus (Agent)
(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: _____

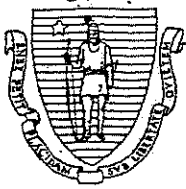
99743155 # 339099001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP: 

RECEIVED
Baran
4-25-12



Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Trustees of Tufts College dba Tufts University

Address: %Risk Management 169 Holland St.

City/State/Zip: Somerville MA 02144 Phone #: 617-627-3981

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 5000 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 University

*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

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # 702

Expiration Date: 6/30/12

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: Wall

Date: 4/26/12

Phone #: 617-627-3816

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 #: _____