

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 4-6-10

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	_____
Amount Paid	<u>500</u>

2010 APR 13 P 1:39
 CITY CLERK'S OFFICE
 100 STATE ST. MA
 JR

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

Business Name: Trustees of Tufts College Phone: 617-628-5000

Business DBA Name (if applicable): Mayer Campus Center

Address with Zip Code: 44 Professors Row, Somerville MA 02144

Tax Identification Number: 042-103-634 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Tufts University Dining Services

Address with Zip Code: 89 Curtis Street, Somerville MA 02144

Property Owner Name: Trustees of Tufts College Phone: 617-628-5000

Address with Zip Code: _____

Emergency Contact 1: Patricia L. Klos Phone: 617-627-3751

Emergency Contact 2: Michael Myers Phone: 617-627-5204

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 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: Lawrence S. Bacow

Address with Zip Code: 161 Packard Avenue, Medford MA 02155

Partner's/Member's/Secretary's Name: Paul Tringale

Address with Zip Code: 11 Crest Road, Medford MA 02155

Partner's/Member's/Treasurer's Name: Thomas S. McGurty

Address with Zip Code: 295 West Road, Hampstead NH 03841

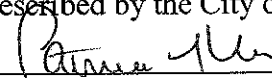
Extended hours requested (include hours of operation and days of week) _____
September - May: Thursday - Saturday evenings 12am - 2am

Type of business University Food Services

Length of time at this location since 1985

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:  Date: 4-6-10

Print Name: Patricia L. Klos Phone: 617-627-3751

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

Approved

Denied

Signature: _____ Name and Title: _____

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

*Signature of Individual or Corporate Name (Mandatory)

[Handwritten Signature]

By: Corporate Officer (Mandatory, if a corporation)

04 210 3634

**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: Mayer Campus Center, 44 Professors Row

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-627-3751 evening: _____

I, (print name) Patricia L. Klos, 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 6th day of

April, 20 10. Patricia L. Klos
(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: _____

99744196 # 334020001 # _____ # _____

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:

received
4-9-10

FROM :

FAX NO. :617-627-3902

Feb. 22 2010 01:55PM P 2

**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: Tufts University - Dining Services
 Address: 89-91 Curtis Street
 City: Somerville State: MA Zip: 02144 Phone #: 617-627-3750

- I am an employer with 3500 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other Educational

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: SELF INSURED License # 702 Expiration Date: 2/1/10

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 year's 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: David J. Staro Date: 2/22/10
 Print Name: DAVID J. STARO

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

City or Town: _____ Permit/License #: _____
 Contact Person: _____ Phone #: _____

- Board of Health
- Building Department
- City/Town Clerk
- Licensing Board
- Selectmen's Office
- Other _____