

# APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00

Date 7/6/15

FOR CITY CLERK'S OFFICE ONLY

Date Recorded \_\_\_\_\_

Amount Paid \_\_\_\_\_

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business (DBA) Name: Delta Upsilon Phone: (508) 525-0777

Applicant's Federal Employer Identification Number: 20-4225848

Applicant's Legal Name: Michael Stearns

Applicant's Address (with Zip Code): 114 Professors Row Medford MA 02155

Mailing Name (where we should send correspondence to): Delta Upsilon

Mailing Address (with Zip Code): 114 Professors Row Medford MA 02155

Delta Upsilon  
Tufts Univ.

Emergency Contact: Michael Stearns Phone: 508-525-0777

Type of Business (Check Only One and Provide the Names Indicated):

**Sole Proprietor:** Name of Owner: \_\_\_\_\_

**Partnership (inc. LLP):** Name of Partnership: \_\_\_\_\_

Names of All Partners Who Own More Than 10%: \_\_\_\_\_

**Trust:** Name of Trust: \_\_\_\_\_

Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

**Corporation:** Name of Corporation: Delta Upsilon Fraternity, Tufts Chapter

Name of President: Matthew Cahill

Name of Secretary: Alexander Kim Name of Treasurer: Michael Rando

**LLC:** Name of LLC: \_\_\_\_\_

Names of All Managers Who Own More Than 10%: \_\_\_\_\_

**Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: Delta Upsilon

Number of residents at this lodging house: 20

**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. 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: Michael Stearns Date: 7/6/15

Print Name: Michael Stearns Phone: 508-525-0777

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>8/6/15</u> <u>RITS</u> Police Chief or Designee <u>Deputy chief</u>	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/17/15</u> <u>Emilio</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/25/15</u> <u>John</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/25/15</u> <u>Bill</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/25/15</u> <u>Deputy</u> Health Inspector or Designee	

**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: Delta Upsilon  
 Address: 114 Professors Row  
 City: Medford State: MA Zip: 02155 Phone #: 508-525-0777

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

**Workers' compensation insurance information (if applicable):** N/A

Insurance Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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 years' 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: Michael Stearns Date: 7/6/15  
 Print Name: Michael Stearns

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

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	



CITY OF SOMERVILLE, MASSACHUSETTS  
 Treasury Department  
 JOSEPH A. CURTATONE  
 MAYOR  
 CERTIFICATE OF GOOD STANDING

PLEASE PRINT

NAME OF PERSON REQUESTING CERTIFICATE: \_\_\_\_\_

BUSINESS LOCATION: 114 Professors Row AND/OR

TAXPAYER'S HOME ADDRESS: \_\_\_\_\_

TAXPAYER/APPLICANT PHONE: DAY: 508-525-0777 EVENING: 6

BUSINESS NAME: Delta Upstkon

BUSINESS ID NUMBER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

I (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville 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 \_\_\_\_\_, 20\_\_\_\_ (Taxpayer's Signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S)

\*\*REAL ESTATE ID 12858 \*\*WATER/SEWER ID 334026001 \*\*PERSONAL PROPERTY \*\*OTHER

NOTES:

CLERKS INITIALS: UB

BUSINESS or BUILDING PERMIT

ORIGINAL STAMP



**RECEIVED**  
UBanawS  
8-6-15