

857-207-5853  
Shawn



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

2016 SEP 12 P 3:15

CITY CLERK'S OFFICE  
SOMERVILLE, MA

## Application to Renew Lodging House License

**KAPPA ELDERS OF ZETA PSI FRATERNITY**  
**C/O JAMES TETLER**  
**1007 JOHNNIE DADDS BOULEVARD, #101**  
**MT PLEASANT SC 29464**

**License #:** BL15-000115  
**File #:** 15-126  
**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)
<b>Business/DBA Name:</b> ZETA PSI FRATERNITY <b>Business Location:</b> 80 PROFESSORS ROW <b>Business Phone:</b> 617-213-0001	
<b>License Holder:</b> KAPPA ELDERS OF ZETA PSI FRATERNITY C/O JAMES TETLER 1007 JOHNNIE DADDS BOULEVARD, #101 MT PLEASANT SC 29464	1007 Johnnie Dadds Blvd #101 MT Pleasant SC 29464
<b>Mailing Address:</b> KAPPA ELDERS OF ZETA PSI FRATERNITY C/O JAMES TETLER 1007 JOHNNIE DADDS BOULEVARD, #101 MT PLEASANT SC 29464	
<b>Business Type:</b> Corporation JAMES TETLER SEBASTIAN GONZALEZ DAVID KHTIKIAN	
<b>FID:</b> 046143881	
<b>Emergency Contact:</b> JAMES TETLER <b>Phone:</b> 908-625-5223	James Tetler 617-213-0001
<b>Name of lodging house:</b> ZETA PSI <b>Location of lodging house:</b> 80 PROFESSORS ROW <b># of Residents:</b> 20	# Residents = 20

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: \_\_\_\_\_

Date: 6/15/16

Printed Name: \_\_\_\_\_

James Tetler

Phone: \_\_\_\_\_

617-213-6001

## LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Zeta Psi Fraternity  
 Address (with Zip Code): 80 Professors Row 02155  
 Name of Contact: James Tetler Phone: 617-213-0001

Number of residents at this lodging house: 20

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

<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-9-2016</u></p> <p><u>[Signature]</u> SGT JOHN TANN                  Police Chief or Designee <u>Chief Admin Aide</u></p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>4/6/16</u></p> <p><u>[Signature]</u> My [Signature]                  Chief Fire Engineer or Designee</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/12/14</u></p> <p><u>[Signature]</u>                  Highways, Lights &amp; Lines Sup't or Designee</p>	<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/31/16</u></p> <p><u>[Signature]</u>                  Building Inspector or Designee</p>
<p><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/31/16</u></p> <p><u>[Signature]</u>                  Health Inspector or Designee</p>	

80 Professors Row

## Lodging House License



Date received by Records: 9/7/14

Reviewed by:

Date reviewed:

Number of Incidents over last year: 3

(see attached)

Recommendation:   
Approve  Deny           

Reason for denial:

Date sent to Chief/Deputy Chief:

9-8-2016

Sean  
857-207-5853



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Kappa Elders of Zeta Psi Fraternity

Address of taxpayer/applicant's business in Somerville: 80 Professors Row

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-213-0001 evening: \_\_\_\_\_

I, (print name) James Tether, 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 15 day of

June, 20 16. [Signature]  
(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: \_\_\_\_\_  
# 12932 # 33402361 # \_\_\_\_\_ # ✓

**NOTES:**

CLERK'S INITIALS: \_\_\_\_\_

[Signature]

ORIGINAL STAMP: \_\_\_\_\_

**received**  
7-20-16



*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: Kappa Elders of Zeta Psi Fraternity  
Address: 80 Professors Row  
City: Medford State: MA Zip: 02155 Phone #: 617-213-0001

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

**Workers' compensation insurance information (if applicable):**

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: [Signature] Date: 6/15/16  
Print Name: \_\_\_\_\_

*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 \_\_\_\_\_