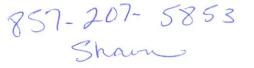


CITY OF SOMERVILLE

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



1016 SEP 12 P 3: 15

Application to Renew Lodging House License

CITY CLERK'S OFFICE SOMERVILLE, MA

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. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

CHANGES: (Note below or explain on a separate sheet)
1007 Johnnie Dodds Blvd #101 MT Piecsant SC 29464
James Tetler 617-213-0001
Residents = 20

I hereby certify under the penalties of perjury that the follow -All information shown above is true and accurateAny changes above are subject to the approval of the BOA -I have filed all State tax returns and paid all State taxes recommended.	RD OF ALDERMEN.
	Date: 6/15/16
Printed Name: James Tetler	Phone: 617 - 213 - 600

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Zeta Psi F Address (with Zip Code): 80 Professors Name of Contact: James Tetter	Row 02155 Phone: 617-213-0001
Number of residents at this lodging house:	20
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by
Approved _Denied Date 9-9-2016 Strown Thm Police Chief or Designee Chief Admin Aidle	Approved _Denied Date _ 4/4/16 Ly fun . My J / My Multure Chief Fire Engineer or Designee
Approved Denied Date 9/12/14 Highways, Lights & Lines Sup't or Designee	Approved _ Denied Date 6/3///6 Building Inspector or Designee
Approved Denied Date 83110 Health Inspector or Designee	

30 Professous Row

Lodging House License

Date received by Records:	9/7/16
Reviewed by:	
Date reviewed:	
Number of Incidents over last y (see attached)	ear: <u>3</u>
Recommendation: Approve Deny Reason for denial:	

Date sent to Chief/Deputy Chief:

9-8-2016

857-207-5853



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

CI	EXITTICATE OF	OCCU STAINDING	
Exact name of taxpayer/ap	oplicant's business:	Cappa Elders of	Zeta Psi Fraternity
Address of taxpayer/applie	cant's business in Some	rville: 80 Profe 559	s Row
Address of taxpayer/applie	cant's home in Somervil	lle:	
Taxpayer/applicant's phor	ne: day: 617-213-	-000 evening:	
due the City have been pa and fees and is current on	and or that the Taxpayer said agreement.	the undersign herein is true and correct and has entered into an agreem	ent to pay all taxes
SIGNED UNDER THE I	PAINS AND PENALT	IES OF PERJURY, this	day of
June	, 20 (6.	(Taxpayer's signal	cure)
	CITY'S ACKNOW	VLEDGEMENT	
DATE OF ISSUANCE:	INCLUD	DES RELEVANT POSTINGS THROUGH	:H:
TAXES AND ACCOUN	T NUMBER(S) INCLU	UDED IN CERTIFICATE	
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:
#12932	#3316361	#	# /
NOTES:			
CLERK'S INITIALS: _		ORIGINAL STAMP:	ceive
			100

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:	Costa P	· E-L	4.			
Name: Tapa Elders of	LEIG 1.	Di Trateri	1119			
Name: Kapa Elders of Address: 80 Professors	Kow					
City: Medford	State: MA	Zip: 02155	Phone #: 617-213-000\			
☐ I am an employer with employees (full and/or part time). ☐ I am a sole proprietor or partnership and employees. ☐ We are a corporation that has exercised exemption per c152 s1(4), and have no wolunteers and have no employees.	have no our right of employees.	Restaurant/Ba Office and/or Nonprofit Entertainment Manufacturin Health Care				
Workers' compensation insurance inform	nation (if applica	ble):				
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 pena	lties of perjury th	at the information	provided above is true and correct.			
Signature:			Date: 6 115/16			
Print Name:						
Official use only. Do not write in this area. To be completed by city or town official.						
City or Town:			Building Department City/Town Clerk Licensing Board Selectmen's Office			
Contact Person:	_ Phone #:		Other			

(revised Jan. 2008)