APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee \$550.00	FOR CITY CLERK'S	OFFICE ONLY		
	Date Recorded			
Date 7/21/2014	Amount Paid	9 =		
New Application Renewing Application with Additions or Change X Renewing Application with NO Additions or Cha Business (DBA) Name: Bush Hall Tults Un Applicant's Federal Employer Identification Number Applicant's Legal Name: TRUSTERS of Tults (nnges (1/2/sity Phone: (1) or: 04-210363 College dba Tuffs	1 Wiversity		
Applicant's Address (with Zin Code): 20 LATINUAN Somerville, MA 02144				
Mailing Name (where we should send correspondence to):	Toffe University 1	-Acilities Services		
Mailing Name (where we should send correspondence to).	he madford MA	- 0215S		
Mailing Address (with Zip Code): 520 Boston A	ive. mean organi	17-517-3991		
Emergency Contact: DANA ANDROS Tufts University	Phone: 6	17-627-3050		
Type of Business (Check Only One and Provide th	e Names Indicated):			
Sole Proprietor: Name of Owner:				
Sole 1 Topicetor. Teams of Same of Partnership:				
Names of All Partners Who Own More Than 10%:				
Names of All Partners who Own Mole Than I	070			
Trust: Name of Trust:				
Names of All Trustees Who Own More Than 10%:				
Name of President: Anthony Movac Name of Secretary: Parl TRINGTON N LLC: Name of LLC: Names of All Managers Who Own More Than	ame of Treasurer: Thom.			
Other (Attach a Description of the Form of Ov	wnership and the Names	of Owners)		

29 LATINUAY	
Business (DBA) Name: Topic Volvers A	y-Bush Hall
ACKNOWLEDGEMENT	
limitations set forth in the Somerville Code of laws, and any conditions prescribed by the City perjury that I, to my best knowledge and belief, taxes required under law. Signature of Applicant: Print Name: Obtain the signatures below before submitting	e subject to all of the terms, conditions, and of Ordinances, any applicable State and Federal of Somerville. I certify under the penalties of have filed all State tax returns and paid all State
the Board of Aldermen.	
Approved _ Denied Date_7-31-19	Approved _Denied Date_8/11/14 Peg Ch. Mr. Avery Chief Fire Engineer or Designee
Approved Denied Date 8 71 14 Highways, Lights & Lines Sup't or Designee	Approved Denied Date 8-21-14 Building Inspector or Designee
Approved Denied Date 8 25.14 Health Inspector or Designee	



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

PLEASE PRINT NAME OF PERSON REQUESTING CERTIFICATE: BUSINESS LOCATION: 29 LATIN WAY TAXPAYER'S HOME ADDRESS: 520 Boston Ave. Medfor BUSINESS ID NUMBER: 04-203634 BUSINESS PHONE: \emptyset , the undersigned Taxpayer, do hereby certify I (print name) 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 21 day of July (Taxpayer's Signature) CITY'S ACKNOWLEDGEMENT DATE OF ISSUANCE TAXES AND ACCOUNT NUMBER(S) **OTHER **PERSONAL PROPERTY **REAL ESTATE ID **WATER/SEWER ID NOTES: BUSINESS or BUILDING ORIGINAL STAMP **CLERKS INITIALS** PERMIT

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: TRUSTEES a	of TUPIS	COLLEGE	
Address: 169 Hock	LAND ST		
City: SOMER VICLE	State: M	A Zip: 02/9/Ph	one #: 67-627-3981
I am an employer with 4.50 (full and/or part time). I am a sole proprietor or part employees. We are a corporation that has exemption per c152 s1(4), at We are a nonprofit organizat yolunteers and have no employee.	nership and have no s exercised our right of ad have no employees. ion staffed by	Restaurant/Bar/E	ating Establishment es (real estate, auto, etc.)
Workers' compensation insura	race information (if app	olicable):	
GUSS Insurance Company Name: No	EW YORK MAK	LINE & GENGRA	FINSURANCE CO.
Address: Po Box 22			
City: OKLAHOMA	CITY State: OK	Zip: 73/23 Pho	me#: 405-840-007
Policy #: ST: FOR: G	1005 - WC2014	1EP200663 Exp	iration Date: 7/1/2015
Applies at certification:			
Failure to secure coverage as a penalties of a fine up to \$1,500.0 WORK ORDER and a fine of forwarded to the Office of Investi	0 and/or one years' imp \$100.00 a day against	risonment as well as civil j me. I understand that a	benames in the form of a 210r
I do hereby certify under the pain	s and penalties of perjur	y that the informaticn provi	ded above is true and correct.
Signature:		Date	
Print Name: EPET	MURRAY		
			•
ACAMA SOLVA ANAMA CAMA		a. To be co mpleted by cl ty o	
2			
City or Town:	Permit/Lice	nso H	Board of Bealth Building Department Chy/Town Clerk
<u>C</u>			Licensing Board Selectusen's Office
Contaci Person:	Phone #: _		[]Other
novised lon. 2	and the second second	Marketti, Steel assista asidi	STATE OF THE PROPERTY OF THE PARTY OF THE PA