

## CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

## RENEWAL APPLICATION FOR GARAGE LICENSE

TUFTS UNIVERSITY/JOHN KING  
419 BOSTON AVE.DOWLING HALL  
MEDFORD MA 02155

LIC #: 2010-243  
B.O.A.# 181610

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair:\_\_\_ Auto Body Work:\_\_\_ Parking or Storing Vehicles: X  
Washing Vehicles:\_\_\_ Spray Painting:\_\_\_ Operating a Tow Vehicle:\_\_\_

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$500.00 not  
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current  
records below. Please print or type your information, except for signature.

Company Name: TRUSTEES OF TUFTS COLLEGE TEL: 617-627-3502  
Company Address: 00026 LOWER CAMPUS RD

City: SOMERVILLE State: MA Zip: 02143

Check One: \_\_\_\_\_ Gov't \_\_\_\_\_ Partner \_\_\_\_\_  
Individual:\_\_\_ Co:\_\_\_ Corp: X Trust:\_\_\_ Agency \_\_\_ Ship \_\_\_ Other \_\_\_  
Owner Name: TUFTS UNIVERSITY/JOHN KING TEL: 617-627-3502  
Owner Address: 419 BOSTON AVE.DOWLING HALL

Owner City: MEDFORD State: MA Zip: 02155  
FID#: 042103634

This renewal is being sent to you as a courtesy, please file on time. If this  
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*

MONDAY-FRIDAY: 12:00 AM-12:00 PM  
SATURDAY: 12:00 AM-12:00 PM  
SUNDAY: 12:00 AM-12:00 PM

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-243  
FEE: \$500.00

This is to certify: TUFTS UNIVERSITY/JOHN KING  
has been licensed by the Mayor and the Aldermen of the City of Somerville.  
Since 09/14/2006

Garage situated at: 00026 LOWER CAMPUS RD  
Doing business as : TRUSTEES OF TUFTS COLLEGE  
Shall not exceed: 136 Vehicles Inside  
in addition the following restrictions apply:

## APPROVED WITH CONDITIONS:

1. DEPENDENT ON SATISFACTORY ISD INSPECTION EVERY 60 DAYS
2. DEPENDENT ON T&P TO INSPECT TRAFFIC MITIGATION AND LIGHTING
3. PARKING FOR FACULTY AND STUDENTS NOT OVERFLOW

HOURS OF OPERATION: STUDENT PARKING 24HRS. 7 DAYS 365 DAYS A YEAR

This renewal certificate must be signed by the holder of the license.

Check One: Owner \_\_\_\_\_ Occupant \_\_\_\_\_ Holder \_\_\_\_\_

Signature of Applicant

419 Boston Ave  
Medford MA 02155

Address

Medford MA 02155  
City State Zip

\*\* Office Use Only \*\*

Mailed \_\_\_\_\_  
Taken ✓

Received: \$500.00ck# 4272254/23/10 - ms

City Clerk

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.

TUFTS UNIVERSITY

\* Signature of Individual or Corporate Name (Mandatory)

*[Signature]* Vice President

By: Corporate Officer (Mandatory, if a corporation)

FED.I.D. # 042103684

\*\* 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.

**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 of Tufts College  
Address: c/o Risk Management 419 Boston MA,  
City: MENARD State: MA Zip: 02155 Phone #: 617 627 3981

☒ I am an employer with 4000 employees (full and/or part time). Business Type: ☐ Retail  
☐ Restaurant/Bar/Eating Establishment  
☐ Office and/or Sales (real estate, auto, etc.)  
☐ I am a sole proprietor or partnership and have no employees. ☒ Nonprofit  
☐ Entertainment  
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Manufacturing  
☐ Health Care  
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☒ Other UNIVERSITY

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

Insurance Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Policy #: Self Insured license # 803 702 Expiration Date: 7/1/10

**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 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: Dan J Slater Date: 4/12/10  
Print Name: DANIO J SLATER

**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 \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

1. Exact name of taxpayer/applicant's business: Tofts University
2. Address of taxpayer/applicant's business in Somerville: Lower Campus Rd
3. Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_
4. Taxpayer/applicant's phone: day: 617-627-3983 evening: 617-627-3983

I, Louis Galvez, 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 12<sup>th</sup> day of March ~~APRIL~~, 20 10.  
LG (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: \_\_\_\_\_

# 99743155 # 33909900 # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: A ORIGINAL STAMP: \_\_\_\_\_

**received**  
4-23-10