

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date July 21, 2011

FOR CITY CLERK'S OFFICE ONLY P 1: 48
Date Recorded _____
Amount Paid \$500 CITY CLERK'S OFFICE
check SOMERVILLE, MA

- New Application
 Renewing Application with Additions or Changes
 Renewing Application with NO Additions or Changes

Business Name: Trustees of Tufts University Phone: 617-627-3992

Business DBA Name (if applicable): 92 Professors Row

Address with Zip Code: 92 Professors Row Somerville, MA 02144

Tax Identification Number: 04-2103634 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Tufts University Facilities Department

Address with Zip Code: 520 Boston Ave. Medford, MA 02155

Property Owner Name: Trustees of Tufts University Phone: 617-627-3992

Address with Zip Code: 520 Boston Ave, Medford, MA 02155

Emergency Contact 1: DANA Andrus Phone: 617-627-3992

Emergency Contact 2: Tufts University Police Phone: 617-627-3030

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Anthony Monaco

Address with Zip Code: Tufts University Ballou Hall Medford, MA 02155

Partner's/Member's/Secretary's Name: Linda Dixon

Address with Zip Code: Tufts University Ballou Hall Medford, MA 02155

Partner's/Member's/Treasurer's Name: Thomas McGarty

Address with Zip Code: 169 Holland St. Somerville, MA 02145

Number of residents at this lodging house: 10

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.

Signature of Applicant: Dana P. Andrews Date: 7/21/2011
Print Name: DANA P. ANDRUS Phone: 617-627-3992

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>8/22/11</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/24/11</u> <u>CAPT. Avery</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-16-11</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/16/11</u> <u>[Signature]</u> Health Inspector or Designee	

**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.

Trustees of Tufts College d/b/a Tufts University
*Signature of Individual or Corporate Name (Mandatory)

DARLEEN KARP [Signature] [Signature] 7/22/2011
By: Corporate Officer (Mandatory, if a corporation)

04-2103634
**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.



City of Somerville, Massachusetts
Finance Department, Treasury Division

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

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 92 Professors Row Somerville, MA

Address of taxpayer/applicant's business in Somerville: 92 Professors Row Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: Tufts University 520 Boston Ave Medford, MA 02155

Taxpayer/applicant's phone: day: 617-627-3999 evening: 617-627-3030

I, (print name) DANA P. ANDRUS (AGENT), 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 21ST day of July, 2011. Dana P. Andrus
(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: _____
99744199 # 334024001 # _____ # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP:



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: do Risk Management 169 Holland St
City: Somerville State: MA Zip: 02144 Phone #: 6176273851

- I am an employer with 5000 employees (full and/or part time). Business Type:
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - Other UNIVERSITY
- 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.

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: SELF INSURED License # 702 Expiration Date: 7/1/12

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: David J Slater Date: 8/23/11
Print Name: DAVID 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