

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00 ⁸⁵⁰ 2014 JUL -3 A 8-51 FOR CITY CLERK'S OFFICE ONLY
Date 7/2/14 CITY CLERK'S OFFICE SOMERVILLE, MA Date Recorded Amount Paid

- New Application
Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Business Name: DELTA TAU DELTA FOUNDATION OF TUFTS UNIVERSITY, INC. Phone: 617-721-6401

Business DBA Name (if applicable):

Address with Zip Code: 98 PROFESSORS ROW 02123

Tax Identification Number: 23-7046605 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): RICHARD REYNOLDS

Address with Zip Code: 221 COLUMBUS AVE #301 BOSTON MA 02116

Property Owner Name: DELTA TAU DELTA FOUNDATION OF TUFTS UNIV. Phone:

Address with Zip Code: 98 PROFESSORS ROW 02123

Emergency Contact 1: RICHARD REYNOLDS Phone: 617-721-6401

Emergency Contact 2: FRANK MAIRANO Phone: 860-989-5829

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[X] 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: RICHARD REYNOLDS, PRESIDENT

Address with Zip Code: 221 COLUMBUS AVE, #301, BOSTON MA 02116

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

Address with Zip Code:

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

Address with Zip Code:

Number of residents at this lodging house: 27

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: [Signature], President Date: 7/2/14
Print Name: RICHARD REYNOLDS Phone: 617-721-6401

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

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/2/14</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/3/14</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/2/14</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/1/14</u> <u>[Signature]</u> Health Inspector or Designee	

Number of residents at this lodging house: 27

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Signature of Applicant: [Signature] Date: 7/2/14
Print Name: RICHARD REYNOLDS Phone: 617-721-6401

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<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-7-14</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/2/14</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/3/14</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/2/14</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/1/14</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.

Richard Reynolds, President
*Signature of Individual or Corporate Name (Mandatory)

RICHARD REYNOLDS, PRESIDENT
By: Corporate Officer (Mandatory, if a corporation)

23 - 7046605
**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: Delta Tau Delta Foundation of Tufts University

Address of taxpayer/applicant's business in Somerville: 98 Professors Row

Address of taxpayer/applicant's home in Somerville: Same

Taxpayer/applicant's phone: day: 617-721-6401 evening: Same

I, (print name) RICHARD REYNOLDS, 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 2nd day of July, 2014. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
# <u>04180100</u>	# <u>346046000</u>	# _____	# _____

NOTES:

CLERK'S INITIALS: R

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: Delta Tau Delta Foundation of Tufts University
 Address: 98 Professors Row
 City: Somerville State: MA Zip: 02133 Phone #: 617-721-6401

- | | |
|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> 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], President Date: 7/2/14
 Print Name: RICHARD REYNOLDS

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 _____