



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW GARAGE LICENSE

**TRUSTEES OF TUFTS UNIVERSITY
419 BOSTON AVE
MEDFORD, MA 02155**

License #: **964**
City # **G243**
Fee: **550.00**
Account ID: **764**
Reference #: **964**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: TRUSTEES OF TUFTS UNIVERSITY Business Location: 26 LOWER CAMPUS RD Business Phone: 617-627-3572	
License Holder: TRUSTEES OF TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155 617-627-3572	
Mailing Address: TRUSTEES OF TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ANTHONY MONACO SECRETARY - PAUL TRINGALE TREASURER - THOMAS MCGURTY	
FID: 042103634	
Food Manager/Emergency Contact: TUFTS POLICE 617-627-6911	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **24 HRS/DAY, 7 DAYS/WEEK**

OPEN TO THE PUBLIC

- 1 STORING VEHICLES
- 136 VEHICLES INSIDE

Description of Location and/or Other Conditions:

**Originally Issued 9/14/2006.
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.
No Mechanical Repairs. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.**

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Kevin C. Mabwine* Date 4/13/2014
Print Name: KEVIN C. MABWINE Phone 617-627-3030



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

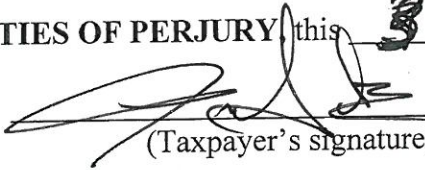
Exact name of taxpayer/applicant's business: TUFTS UNIVERSITY

Address of taxpayer/applicant's business in Somerville: 169 Holland St.

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

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

I, (print name) 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 3rd day of APRIL, 20 14.

(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: _____

7657 # 326011021 # _____ # _____

NOTES:

CLERK'S INITIALS: SL

ORIGINAL STAMP: received
4-22-14 OK

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: TRUSTEES of TUFTS COLLEGE & WALNUT HILL PROPERTIES
Address: 169 HOLLAND STREET
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3981

- I am an employer with 4,500 employees (full and/or part time).
 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.

- Business Type:
- Retail
 - Restaurant/Bar/Eating Establishment
 - Office and/or Sales (real estate, auto, etc.)
 - Nonprofit
 - Entertainment
 - Manufacturing
 - Health Care
 - Other: UNIVERSITY

Workers' compensation insurance information (if applicable):

Insurance Company Name: NEW YORK MARINE & GENERAL INS. CO.
Address: 59 MAIDEN LANE, SUITE 2700
City: NEW YORK State: NY Zip: 10038 Phone #: 212-551-0600
Policy #: WC 2013 EPP 00063 Expiration Date: 7/1/2014

Applicant certification: SELF-INSURED # 702

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: Bret Murray Date: 4/4/2014

Print Name: BRET MURRAY, MGR. RISK MGMT & INS.

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 _____