

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date 5/1/11

FOR CITY CLERK'S OFFICE ONLY

Date Recorded 6/27/11 MS

Amount Paid \$500.00 ck# 1853

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: Delta Upsilon Fraternity Phone: 603 759 5058

Applicant's Address (with Zip Code): 114 Professors Row 02155 02144

Applicant's Email Address: delta 0114@gmail.com

Applicant's Federal Employer Identification Number: 20-422 5848

Business DBA Name (if applicable):

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to):

Mailing Address (with Zip Code):

Emergency Contact: Anthony Folan

Phone: 603 759 5058

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other

IF A SOLE PROPRIETOR:

Owner's Name: TUFTS Chapter of Delta Upsilon

Address with Zip Code: 114 Professors Row 02155 02144

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

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

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

2011 SEP 28 P 3:49
CITY CLERK'S OFFICE
SOMERVILLE, MA

2011 JUN 27 A 10:44
CITY CLERK'S OFFICE
SOMERVILLE, MA

Number of residents at this lodging house: _____

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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: _____ Date: 5/1/11

Print Name: Anthony Ferlan Phone: 603 759 5058

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>8/31/2011</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/21/11</u> <u>CRIST. Avery</u> Chief Fire Engineer or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/21/11</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9-21-11</u> <u>Al B...</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>9/21/11</u> <u>[Signature]</u> Health Inspector or Designee	

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**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.



*Signature of Individual or Corporate Name (Mandatory)

Anthony Ferlan

By: Corporate Officer (Mandatory, if a corporation)

20-422 5848

**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: Tufts Chapter Delta Upsilon

Address of taxpayer/applicant's business in Somerville: 114 Professors Row

Address of taxpayer/applicant's home in Somerville: 114 Professors Row

Taxpayer/applicant's phone: day: (603) 759-5058 evening: (same)

I, (print name) Anthony Forlan, 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 1st day of May, 20 11.
[Signature]
(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: _____

12488 # 334026001 # _____ # _____

NOTES:

CLERK'S INITIALS: UR ORIGINAL STAMP:



RECEIVED
Wanaw

8-24-11

*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: Tuft Chapter of Delta Upsilon Fraternity
Address: 114 Professors Row
City: Somerville State: MA Zip: 02145 Phone #: 6037595058

- | | |
|--|--|
| <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] Date: 6/22/11
Print Name: Anthony Folan

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 #: _____

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____