CITY OF SOMERVILLE

Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

2015 AUG 26 P 3:03

CITY CLERK'S OFFICE
SOMERVILLE, MA

Application to Renew Lodging House License

TRUSTEES OF TUFTS COLLEGE
520 BOSTON AVE
MEDFORD MA 02155

License #: BL15-000975
File #: 15-772
Fee: 605

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: LATIN WAY APARTMENTS **Business Location:** 40 A LATIN WAY **Business Phone:** 617-627-3992	40A-F LATIN WAY
License Holder: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: ~~DANA ANDRUS~~ **Phone:**	DANIELA SOUSA 617-627-3992
Name of lodging house: Not yet provided. **Location of lodging house:** 40 A LATIN WAY **# of Residents:** 216	LATIN WAY APARTMENTS

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: Daniela Sousa Date: 8/21/15

Printed Name: Daniela Sousa. Phone: 617-627-5348

Business (DBA) Name: Latin Way Apartments 40A-40F Latin Way

Number of residents at this lodging house: 216

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. 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 Applicant: [signature] Date: 8/26/2015

Print Name: Daniela Sousa Phone: 617-627-3992

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

__Approved __Denied Date_____ Police Chief or Designee	✓Approved __Denied Date 8/25/15 Lt R. MacLaughlan Chief Fire Engineer or Designee
✓Approved __Denied Date 8/25/15 [signature] Highways, Lights & Lines Sup't or Designee	X Approved __Denied Date 8/25/15 [signature] Building Inspector or Designee
✓Approved __Denied Date 8.25.15 [signature] Health Inspector or Designee	

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Latin Way Apartment - Tufts University

Address (with Zip Code): 40A-40F Latin Way Somerville, MA 02144

Name of Contact: Daniela Sousa Phone: 617-627-3992

Number of residents at this lodging house: 216

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

✓ Approved __Denied Date 8/26/15 P C R T S Police Chief or Designee Dpty Chief	__Approved __Denied Date_____ Chief Fire Engineer or Designee
__Approved __Denied Date_____ Highways, Lights & Lines Sup't or Designee	__Approved __Denied Date_____ Building Inspector or Designee
__Approved __Denied Date_____ Health Inspector or Designee	

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Latin Way Apartments - Tufts University

Address of taxpayer/applicant's business in Somerville: 40A-40F Latin Way Somerville, MA

Address of taxpayer/applicant's home in Somerville: Facilities Services. 520 Boston Ave. Medford, MA

Taxpayer/applicant's phone: day: 617-627-3992 evening: 617-627-3030

I, (print name) Daniela Sousa (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 10th day of August, 2015. Daniela Sousa
(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: ___
# 09200230	# UB	#	#

NOTES:

CLERK'S INITIALS: _____ **ORIGINAL STAMP:**

Received
UB
8-11-15

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information **Please Print Legibly**

Business/Organization Name: Trustees of Tufts College and Walnut Hill Properties Corp.

Address: 169 Holland Street

City/State/Zip: Somerville, MA 02144 Phone #: 617-627-3981

Are you an employer? Check the appropriate box:

1. ☑ I am a employer with 4,500 employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☑ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Self-Insured with Excess insurance through New York Marine & General Ins. Co.

Insurer's Address: 59 Maiden Lane, Suite 2700

City/State/Zip: New York, NY 10038-4647

Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EPP00063 Expiration Date: Both 07/01/2016

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: 8/24/2015

Phone #: 617-627-3981

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #** _____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ **Phone #:** _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Leslie Emack	
Risk Strategies Company 160 Federal Street Boston MA 02110	PHONE (A/C, No, Ext): (617)330-5700	FAX (A/C, No): (617)439-3752
	E-MAIL ADDRESS: lemack@risk-strategies.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: New York Marine & General Ins Co	
INSURED Trustees Of Tufts College 169 Holland Street-TAB Building Somerville MA 02144	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL157196473 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC2015EPP00063	7/1/2015	7/1/2016	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Issued as Evidence of Insurance.

CERTIFICATE HOLDER

Tufts University
169 Holland Street
Somerville, MA 02144

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael Christian/LEM MC Christian