

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00

Date 7/23/13

FOR CITY CLERK'S OFFICE ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Metcalfe Hall Tufts University Phone: 617-627-3992

Business Location (with Zip Code): 56-64 Professors Row Somerville, MA 02144

Applicant's Legal Name: Trustees of Tufts University

Applicant's Address (with Zip Code): Facilities Services 520 Boston Ave. Medford, MA 02155

Applicant's Email Address: dana.andrus@tufts.edu

Applicant's Federal Employer Identification Number: 04-2103634

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

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

Emergency Contact: Dana Andrus Phone: 617-627-3992

Tufts University Police 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: Paul Triunale

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

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

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

Lodging House Location 56-64 Professors Row Somerville, MA
Number of residents at this lodging house: 84

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. Andros (Agent) Date: 7/23/13
Print Name: DANA P. ANDROS (Agent) 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 <u>7/25/13</u> <u>[Signature]</u> Police Chief or Designee	☒ Approved ☐ Denied Date <u>8-16-13</u> <u>Ronald Selig</u> Chief Fire Engineer or Designee
☒ Approved ☐ Denied Date <u>8/20/13</u> <u>John Power</u> Highways, Lights & Lines Sup't or Designee	☒ Approved ☐ Denied Date <u>8-20-13</u> <u>Al Bryant</u> Building Inspector or Designee
☒ Approved ☐ Denied Date <u>8-5-13</u> <u>[Signature]</u> Health Inspector or Designee	



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: Metcalfe Hall - Tufts University

Address of taxpayer/applicant's business in Somerville: 56-64 Professors Row Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: Facilities Services 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 23RD day of

July, 20 13. Dana P. Andrus (Agent)
(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: _____

09000161 # 334021001 # _____ # _____

NOTES: 12685

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:  **RECEIVED**
[Signature]

**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 dba Tufts University
*Signature of Individual or Corporate Name (Mandatory)

[Signature]
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.

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 & WALNUT HILL PROPERTIES, INC
Address: 169 HOLLAND STREET
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617-627-3881

- ☒ I am an employer with 4500 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☐ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☒ Nonprofit UNIVERSITY
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE COMPANY
Address: PO BOX 22778
City: OKLAHOMA CITY State: OK Zip: 73123 Phone #: 405-840-0074
Policy #: WC 2013EPP 00063 Expiration Date: 7/1/2014

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: Bret Murray Date: 7/24/2013
Print Name: BRET MURRAY

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 _____