APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee_\$550.00	FOR CITY CLERK'S OFFICE ONLY
-1-2)2	Date Recorded
Date 723/13	Amount Paid
New Application	TO ALIC TO ALIC
Renewing Application with Additions or Changes	2 m
X Renewing Application with NO Additions or Cha	\mathbb{T}_{0} \mathbb{U}
Business (DBA) Name: Metcalf Hall Tuff	
Business Location (with Zip Code): 56 64 Protest	. 0
Applicant's Legal Name: TRUSTES of Totals	· University
Applicant's Address (with Zip Code): Frighties Servi	ies 520 Boston the, Medford, MA 02155
Applicant's Email Address: dava: Aww	setofts.edu
Applicant's Federal Employer Identification Number	er: 0442103634
Mailing Name (where we should send correspondence to):	Tutis University - Facilities Services
Mailing Address (with Zip Code): 520 Boston	Aye. Medford, MA 02155
Emergency Contact: DAWA ALWS	Phone: 617 627-3492
Totas University	Police 617-627-3050
Type of Business (Check one):Sole Propriet	tor Partnership (inc. LLP) XTrust
Corporation	(inc. LLC)Other
IF A SOLE PROPRIETOR:	
Owner's Name:	
Address with Zip Code:	
IF A PARTNERSHIP, TRUST OR CORPORATION	F)
Partner's/Member's/President's Name:	Thony MONACO
Address with Zip Code: Tutts Universit	TY BALLOU HALL MEDITOR, MA CAISS
Partner's/Member's/Secretary's Name: YAO	Tringale
Address with Zip Code: Tolts Universit	ty Ballow Hall Medford, MA 02155
Partner's/Member's/Treasurer's Name: The	mas McGunty
Address with Zip Code: TAB 169	Holland St. Somerville, MA 02145

Codging House Cocation 56 Number of residents at this lodging house:	-64 Professors Row Somerville,
ACKNOWLEDGEMENT	
understand that any information that is found forfeiture of this license. This license will be limitations set forth in the Somerville Code of laws, and any conditions prescribed by the City of Signature of Applicant: Print Name:	
Approved Denied Date 2513 Police Chief or Designee	Approved _Denied Date 8-/6-/3 Chief Fire Engineer or Designee
Highways, Lights & Lines Sup't or Designee	Approved Denied Date 8-26-13 Building Inspector or Designee
Approved Denied Date 8 5 - /3 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

CERTIFICATE OF GOOD STILL			
Exact name of taxpayer/applicant's business: Metcale Hall -Turks Driversity			
Address of taxpaver/applicant's business in Somerville: 56-64 Professors Revu Somerville, MH 02144			
Address of taxpayer/applicant's home in Somerville: Pacific Services 520 Bostov Are, Medford MA 0218			
Taxpayer/applicant's phone: day: 617-617-34 Devening: 617-617-3030			
I, (print name) Dana D. Andrew 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 23 day of (Taxpayer's signature)			
CITY'S ACKNOWLEDGEMENT			
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:			
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:			
Real Estate			
# 09000161 # 334031001 # #			
NOTES: CLERK'S INITIALS: ORIGINAL STAMP: RECEIVED			

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)

By: Corporate Officer (Mandatory, if a corporation)

O 4 = 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: TRUSTRES of TUFTS COLLEGE & WALNUT HILL PROPERTIES Address: 169 HOLLAND STREET	3, INC	
Address: 169 HOLLAND STREET		
City: SOMERVICLE State: MA Zip: 02144 Phone #: 617 - 627 - 398	/	
Am an employer with 450 employees Retail Restaurant/Bar/Eating Establishment Restaurant/Bar/Eating Establishment Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, auto, etc.) Nonprofit Notofice Nonprofit Entertainment Manufacturing Health Care Other Oth		
Workers' compensation insurance information (if applicable):		
Insurance Company Name: NEW YORK MARINE & GENERAL FUSURANCE	20MPAN	
Address: PO BOX 22778		
City: OKLAHOMA CYY State: OK Zip: 73123Phone #: 405-840-00	74	
City: OK LAHOMA CYM State: OK Zip: 73123Phone #: 405-840-00 Policy #: WC 2013 EPP 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: 35 7, MAn 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 #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office		
Contact Person: Phone #: Other		

(revised Jan. 2008)