

CITY OF SOMERVILLE

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

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Application to Renew Lodging House License VILLE, MA

WALNUT HILL PROPERTIES CORP 47 WINTHROP STREET MEDFORD MA 02155 License #:

BL15-000111

File #:

15-123

Fee:

605

Review and update the information below. <u>If you have workers compensation insurance</u>, attach proof showing the <u>insurer and policy number</u>. 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: ALPHA PHI Business Location: 14 SAWYER AVE Business Phone: 781-391-5300	
License Holder: WALNUT HILL PROPERTIES CORP 47 WINTHROP STREET MEDFORD MA 02155	
Mailing Address: WALNUT HILL PROPERTIES CORP 47 WINTHROP STREET MEDFORD MA 02155	
Business Type: Corporation LINDA SNYDER THOMAS MCGURTY ROBERT CHIHADE	
FID: 043419100	
Emergency Contact: ROBERT CHIHADE Phone: 781-391-5300	
Name of lodging house: ALPHA PHI Location of lodging house: 14 SAWYER AVE # of Residents: 8	

I hereby certify under the penalties of perjur	ry that the follow	ving is true		
-All information shown above is true and ac	curate.	· ·		
-Any changes above are subject to the appr	roval of the BO	ARD OF A	LDERMEN.	
-I have filed all State tax returns and paid all				S.
2 A C O			~1 1	
Signature:	1	Date:	8/1/16	
D = 1 - 1 - m = 0	1 1 1		701 201	0000
Printed Name: Robert O. C	hihade	Phone:	781.391.	5300

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Alpha Ph) [
Address (with Zip Code): 14 Sawyur	Ave, somerville 02149
Name of Contact: Doug Firnal A	Phone: 781.391.530
Number of residents at this lodging house: 8	
Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by
Approved _ Denied Date 7-26-2016	ApprovedDenied Date
Police Chief or Designee Chief Admin. Aide	Chief Fire Engineer or Designee
Approved _Denied Date_7/18/16 Highways, Lights & Lines Sup't or Designee	Approved Denied Date 7/8/6 Building Inspector or Designee
ApprovedDenied Date	
Health Inspector or Designee	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING Exact name of taxpayer/applicant's business: ___Walnut Will Properhes Corp Address of taxpayer/applicant's business in Somerville: 47 Winthrop St, Mulford 02155 Address of taxpayer/applicant's home in Somerville: 14 Sawyur Avc Taxpayer/applicant's phone: day: __781.391.5300 evening: I, (print name) Robert O. Chihade, 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 ______ 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 ☐ Water/Sewer ☐ Personal Property ☐ Other: **NOTES:** CLERK'S INITIALS: ORIGINAL STAMP:



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 Colle	ge 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.] *Any applicant that checks box #1 must also fill out the section below showing the corporate officers have exempted themselves, but the corporation has of organization should check box #1.	11. Health Care 12. Other their workers' compensation policy information.
I am an employer that is providing workers' compensation instance Company Name: Self-Insured with Excess insurant 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 # W20158	ce through New York Marine & General Ins. Co.
Attach a copy of the workers' compensation policy declarating Failure to secure coverage as required under Section 25A of MC fine up to \$1,500.00 and/or one-year imprisonment, as well as confup to \$250.00 a day against the violator. Be advised that a confuse Investigations of the DIA for insurance coverage verification.	on page (showing the policy number and expiration date). GL c. 152 can lead to the imposition of criminal penalties of a vil penalties in the form of a STOP WORK ORDER and a fine
I do hereby certify, under the pains and penalties of perjury the	at the information provided above is true and correct.
Signature: 5 J. Marin	Date: 7/1/2015
Phone #: 617-627-3981	
Official use only. Do not write in this area, to be completed	by city or town official.
City or Town:P	ermit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town 6. Other	Clerk 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:



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).

certificate holder in lieu of such endorsement(s).	1 60.151	.~				
PRODUCER	NAME:	CT Leslie	Emack			
Risk Strategies Company	PHONE (A/C, No	PHONE (A/C, No, Ext): (617) 330-5700 FAX (A/C, No): (617) 439-3752				
160 Federal Street	È-MAIL ADDRES	ss: lemack@	risk-stra	ategies.com		
		(50,000,000		DING COVERAGE	NAIC #	
Boston MA 02110	INSURE	RA:New Yo	rk Marine	& General Ins Co	,	
INSURED	INSURE					
Trustees Of Tufts College	INSURE					
169 Holland Street-TAB Building	INSURE					
	INSURE					
Somerville MA 02144	INSURE					
		Kr.		REVISION NUMBER:		
COVERAGES CERTIFICATE NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST	ED BELOW HAVE BEE	N ISSUED TO			HE POLICY PERIOD	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM (CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SH	OR CONDITION OF AN' CANCE AFFORDED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO WHICH THIS	
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WYD P	OLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
OBAIMO-MARKE SOURCE				MED EXP (Any one person)	\$	
				PERSONAL & ADV INJURY	\$	
OFAIL ACCORDATE LIMIT ADDITES BED				GENERAL AGGREGATE	s	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					\$	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				THOUSETS SOMETON FIRE	\$	
OTHER: AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$	
10 march 10				(Ea accident) BODILY INJURY (Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED				, , ,	\$	
AUTOS AUTOS NON-OWNED				PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS				(Per accident)	\$	
UMBRELLA LIAB OCCUR	N .			EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION\$				X PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				10.000 10		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
A (Mandatory in NH) If yes, describe under	200063	7/1/2015	7/1/2016	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Control of Contr	nal Remarks Schedule, may	be attached if m	ore space is req	uired)		
Issued as Evidence of Insurance.						
CERTIFICATE HOLDER	CAN	CELLATION				
Tufts University		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
				CY PROVISIONS.	JE DELIVERED IN	
169 Holland Street						
Somerville, MA 02144		AUTHORIZED REPRESENTATIVE				
	Mich	ael Chris	stian/LEM	MIS CI	cuction	

The Commonwealth of Massachusetts

License No. 702

Serial No. 11874

DEPARTMENT OF INDUSTRIAL ACCIDENTS



This is to Certify that trustees of tufts college & walnut hill properties, inc.

, having conformed with the provisions of of 169 Holland Street, Somerville, MA 02144

sub-paragraph (2, b to be a

) of Section 25A of Chapter 152 of the General Laws is hereby licensed

SELF-INSURER

This license is effective for a period of one year from the

Y I II I

20_15, at 12:01 A.M., unless sooner revoked.

SEARTMENT OF INDUSTRIAL ACCIDENTS

DIRECTOR

THIS LICENSE MUST BE POSTED AT THE LOCATION OF THE BUSINESS