APPLICATION FOR A LODGING HOUSE LICENSE

Nonrefundable Application Fee_\$550.00	FOR CITY CLERK'S OFF	ICE ONLY	·		
	Date Recorded				
Date/ 2 20 4	Amount Paid		2		
New Application		SOMER 3.10 A.	116		
Renewing Application with Additions or Changes	S	≦ _R	26		
XRenewing Application with NO Additions or Cha		LE, M/	U To a		
Business (DBA) Name: Tilton Hall-Tuffs	,	-657-	3992		
Applicant's Federal Employer Identification Number					
Applicant's Legal Name: TRUSTES of TUPES (6)		,			
Applicant's Address (with Zip Code): 39R LATIK	Way Somerville, 11	1/ 06	儿子子		
Mailing Name (where we should send correspondence to):	i Pts University FA	cilities!	Services		
Mailing Address (with Zip Code): 520 Boston	Ave, Medford, MA	02155	>		
,	,		3999		
Emergency Contact: DANA ANDRES TO FIS UNIVERSITY 1	Police 617	-627-	303		
/		6 500			
Type of Business (Check Only One and Provide the	Names Indicated):				
Sole Proprietor: Name of Owner:					
Partnership (inc. LLP): Name of Partnership:_					
Names of All Partners Who Own More Than 10	%:				
Trust: Name of Trust:					
Names of All Trustees Who Own More Than 10%:					
Corporation: Name of Corporation: RS SS OF	Tuts College dba Tuti	ts Unive	ersity		
Name of President: ANTHONY MONACO					
Name of Secretary: PAV TRINGAR Name of Treasurer: Thomas McGusty					
LLC: Name of LLC:					
Names of All Managers Who Own More Than 10%:					
Other (Attach a Description of the Form of Own	ership and the Names of Ow	mers)			

39R LATIO WAY Business (DBA) Name: Tolk University - Tilton Hall Number of residents at this lodging house:_ **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:_ Print Name: Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen. Date 8/11 Approved Denied Chief Fire Engineer or Designee Police Chief or Designee Date 8-21-14 Approved Denied Date 8 VApproved Denied Building Inspector or Designee Highways, Lights & Lines Sup't or Designee Approved Denied

Health Inspector or Designee



CITY OF SOMERVILLE, MASSACHUSETTS Treasury Department

Treasury Department Joseph A. Curtatone Mayor

CERTIFICATE OF GOOD STANDING

P	L	Æ	A	SE	P	R	I	II

NAME OF PERSON REQUESTING CERTIFICATE: DANA ANDROS - TO AS UNIVERSITY
BUSINESS LOCATION: 39 RLATINUMY SOMETVILLE, MA AND/OR
TAXPAYER'S HOME ADDRESS: 520 BOSTON Are Medford, MA 02155
TAXPAYER/APPLICANT PHONE: DAY: 67-627-3992 EVENING: 67-637-3030
BUSINESS NAME: TRUSTERS OF TUPES College dba Tufts University
BUSINESS ID NUMBER: 04-213634 BUSINESS PHONE: 617-627-3992
I (print name) DAM A HOUS (DEN), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due to the City of Somerville hav 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 21 day of Tuly
20 14. Doma P. andrus (Agent) (Taxpayer's Signature)
CITY'S ACKNOWLEDGEMENT DATE OF ISSUANCE: 8/1/44
TAXES AND ACCOUNT NUMBER(S) **REAL ESTATE ID **WATER/SEWER ID **PERSONAL PROPERTY **OTHER
09200230
NOTES:
CLERKS INITIALS: BUSINESS, or BUILDING ORIGINAL STAMP PERMIT

The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Name: TRUSTES AT TUFTS COLLEGE Address: 69 HOLLAND ST City: SMILL VILLE State: MA Zin: OB. 14 V Phone #: 17-627-398 1 am an employer with SOC employees Business Types: Restail Restaurant/Bar/Eating Establishment Office and/or Sales (real estate, suito, etc.) 1 am a sole proprietor or partnership and have no employees. We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Broterialment British Care Broterialment Memufacturing Health Care Cother EDUCATION We are a nonprofit organization staffed by Health Care Cother EDUCATION Workers' compensation insurrance information (if applicable): GUES Insurance Company Name: NEW VORK MAHINE & GENERAL FINSULANCE CO. Address: FO ECK 22778 City: OKLAHOMA CITY State: OK Zip: 73/23 Phone #: 4/05 = 840 = 60 F Policy #: SY: FOR: GUESS - WC 2014EPPOD 66 S Expiration Date: 7/1/2015 Applicant cortification: Feilure 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: Permit/Lucanso #: Boart of Health Date: 7/2016 or Clerk Liconsing Board Section, 15 Office of Other Liconsing Board Section, 15 Office o	App	licant information:			
City: SOMBLUICE State: MA Tip: O3/4 V Phone #: B7-637-378/ I am an employer with Somployees Business Type: Retail Restaurant/Bar/Eating Establishment Cities and/or Sales (real estate, auto, etc.) Restaurant/Bar/Eating Establishment Comprofit Restaurant/Bar/Eating Estaurant/Bar/Eating Estaurant/Bar	Name	TRUSTEES of	TUPIS C	OLVEGE	
I am an employer with Sociemployees Business Typs: Restail Restaurant/Bar/Eating Establishment (full ead/or part time). I am a sole proprietor or partnership and have no employees. We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. We are a nonprofit organization staffed by volunteers and have no employees. Workers' compensation insurance information (if applicable): Workers' compensation insurance information (if applicable): Given the following Company Name: New York Machine & General Fusing the Content of the Company Name: New York Machine & General Fusing the Content of Conten	Addr	ess: 169 HOLLAN	V 57		
Captacle Person: Captacle Pe	City:	SOMERVICE	State: MA	Zip: O2 14 V Phone	# 67-627-3981
Address: Po Box 2778 City: OKLAHOMA CITY State: OK Zip: 73/23 Phone #: 4405- 840- 007 Policy #: ST: 702: Grass - WC 2014EPP 00 06 3 Expiration Date: 7/1/2015 Applicant certification: Pallure 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: The Manager Manager Date: 7/20/2014 Print Name: Person: Person: Person: Person: Person: 1 Place: 1 Selectane Soffice of Selectane Selectane Soffice of Selectane Soffice of Selectane Selectane Selectane Selectane Soffice of Selectane Selectane Selectane Selectane Soffice of Selectane Select		all and/or part time). In a sole proprietor or partnership apployees. The are a corporation that has exercise amption per c152 s1(4), and have a re a nonprofit organization staff	and have no sed our right of	Restaurant/Bar/Eath Office and/or Sales Nonprofit Entertainment Manufacturing	(real estate, auto, etc.)
City: OKLAHOMA CITY State: OK Zip:73/23 Phone #: 405 - 840 - 007 Policy #: ST: 702: GRC35 - WC 2014E8900 66 3 Expiration Date: 7/1/2015 Applicant cortification: Frilure 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:	Work	ers' compensation insurance inf	ormation (if applic	ble):	
City: OKLAHOMA CITY State: OK Zip: 73/23 Phone #: 405-840-007 Policy #: SF: 702; Grees - WC 2014EPPO 0 66 3 Expiration Date: 7/1/2015 Applicant certification: Prilure 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:	ExCESS Insura	nce Company Name: NEW	VORK MAGIN	18 8 GENGLAL	FNSUKANCE CO.
Policy #: ST: FOR: GRCGS - WC 2014EPPOD 66 3 Expiration Date: 7/1/2015 Applicant cortification: Pailure 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: Date: 7/20/2014 Print Name: Permit/Licenso #: Board of Health Building Department City/Iona Clerk Licensing Board Selectane's Office of	Addre	88: PO BOX 22778	<u> </u>		
Applicant certification: Pailure 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: Date: 7/20/20/4 Print Name: Permi/Licenso #: Board of Health Building Department					
Print Name: Print Name: Permit/Licenso #: Permit/Licenso #: Permit/Licenso #: Permit/Licenso #: Page Permit/Licenso Permit/Licenso Permit/Licenso Page Permit/Licenso Page Permit/Li	Policy	#: ST: JOA: GRESS	- WCZOIYEI	PP00063 Expire	tion Date: 7/1/2015
penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a \$10P 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: Date: 7/20/2014 Print Name: Perint Name: Pe	Applica	east certification:			
Signature:	penalti WORK	es of a fine up to \$1,500.00 and/o CORDER and a fine of \$100.00	or one years' impriso O a day against me	nment as well as civil per . I understand that a cop	alties in the form of a SIUP
Print Name: PLT MONLAY Official are only. Do not write in this area. To be completed by clay or town official. City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Phone #:	I do he	reby certify under the pains and pe	enalties of perjury the	at the information provide	d above is true and correct.
Official ass only. Do not write in this area. To be completed by clay or town official. City or Town: Permit/License #: Board of Health Building Department City/Town Clerk Licensing Board Sciences's Office Contact Person: Phone #: Contact Other	Signate	ire: 65 T. M.	from	Date:	7/22/2014
City or Town: Permit/License #: City or Town: Permit/License #: City or Town: City or Town: City or Town: City or Town: City/Town Clerk Licensing Board Selectmen's Office Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: Contact Person: Contact Person: City Town Clerk Contact Person: City Town Clerk City Clerk City Town Clerk City Cle	Print N	ame: BRET MUN	RAI		· · · · · · · · · · · · · · · · · · ·
City or Town: Permit/License #: City or Town: Permit/License #: City or Town: City or Town of Health Building Department City/Town Clerk Licensing Board Selectmen's Office Contact Person: Contact Person: Contact Contact Person: City or Town of Health City or Town: City or Town: City or Town of Health Ci		Constitution of the contract o		APP 100 (100 (100) 100 (100)	The control of the Color States Color States (Color States Color State
Contact Person: Carloing Department Carloing Department Carloing Department Carloing Department Licensing Hourd Licensing Hourd Selectmen's Office Contact Person: Contact Person: Phone #: Other Contact Person: Contact Perso:	A Contract of the Contract of				
Contact Person: Contac	Chy	or Teren:	Permit/Licenso	#:	Board of Health
Contact Person: Phone #:	į				Chy/Tonu Clerk
	\$1. 45		and all control of the		Selectmen's Office
	. Con	taci Person:	PAons #:		