CONTACT: ROB 781-844-1844

# APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00  Date SILVICLERN'S OFFICE Date Recorded Paylo MS  Amount Paid \$300.00 Date Recorded Paylo MS  Amount Paid \$300.00 Cktt 977  New Application  Renewing Application with Additions or Changes  Venewing Application with NO Additions or Changes  Business Name: KANNA CHARGE, THETH DELTH CRI Phone: 857 225 252  Business DBA Name (if applicable):  Address with Zip Code: 123 PACKARD AVE SOMEVILLE MA 02144  Tax Identification Number: 04/67828 Check one: SSN VFEIN  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: LANA CHARGE, THETH DELTH AVENUE Phone: 857 275 2852  Address with Zip Code: 30 WASHINGTON AVENUE Phone: 857 275 2852  Address with Zip Code: 123 PACKARD AVENUE SOMEDULE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 275 2552  Emergency Contact 2: RICK WALSH Phone: 401884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Vorporation (inc. LIC) Other  FA SOLE PROPRIETOR:  Owner's Name: Owner's Name:	ZUN AUS JU A II · I J	
Renewing Application with Additions or Changes  Vernewing Application with NO Additions or Changes  Vernewing Application with NO Additions or Changes  Business Name: KAPPA CHANGE, THETH DELTA CRT Phone: 857 225 252  Business DBA Name (if applicable):  Address with Zip Code: 123 PACKARD AVE SOMEWHILE MA 02144  Tax Identification Number: 04/67828  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: LAPPA (MALGE, THETH DELTA CRT Phone: 8.57 22.5 252.1  Address with Zip Code: 123 PACKARD AVENUE SOMEWHILE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 8.57 22.5 252.1  Emergency Contact 1: DIEGO ROSENFELD Phone: 401884 9/42  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust Corporation (inc. LLC) Other  WARDONT  WARDONT  FA SOLE PROPRIETOR: Other  Owner's Name: Address with Zip Code: 60 DEAN AVENUE RT 02852  Partner's/Member's/President's Name: RICHARD L WALSH TILL  Address with Zip Code: 60 DEAN AVENUE RT 02852  Partner's/Member's/Secretary's Name: WILLIAM MADDEN  Address with Zip Code: 33 IMMS STACET APT 1 BOSTIN ME 020  Partner's/Member's/Treasurer's Name: BRIAN TILLSON	Application Fee \$500.00	FOR CITY CLERK'S OFFICE ONLY
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Menewing Application with NO Additions or Changes  Business Name: KAPPA CHANGE, THETA DELTA CRT Phone: 857 225 252  Business DBA Name (if applicable):  Address with Zip Code: 123 PACKARD AVE SOMBRUILE MA 02144  Tax Identification Number: 04/67828 Check one: SSN FEIN Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 MASHINGTON AVENUE PLEASAMULE NO Property Owner Name: EAPPA (LA ALGE, THETA BETTACHT Phone: \$57 275 252  Address with Zip Code: 123 PACKARD AVENUE SOMBRUILE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: \$57 225 2521  Emergency Contact 2: RICK WALSH Phone: 401884 9/42  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust Corporation (inc. LLC) Other  Address with Zip Code: 158 Name: RICKARD L WALSH TIL  Address with Zip Code: 60 DETAY AVENUE, KT 02852  Partner's/Member's/President's Name: WILLAM MADDGN  Address with Zip Code: 33 (NMM SINGER APT 1 BOSTON MA 0210  Partner's/Member's/Treasurer's Name: BRILAN DM(SLOUL)	New Application	
Business Name: KAPPA CHANGE, THETA DELTA CRI Phone: 857 225 252  Business DBA Name (if applicable):  Address with Zip Code: 123 PACKARD AVE SOMEWILLE MA 02144  Tax Identification Number: 04/67828 Check one: SSN FEIN  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: FAPPA (MALEE, THETA BETTA-CHI Phone: 8.77 22.5 28.72  Address with Zip Code: 123 PACKARD AVENUE SOMEWILLE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 225 252.1  Emergency Contact 2: RICK WALSH Phone: 401884 9/42  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  WON PROFIT  DANGERS WITH Zip Code: 127 CHARD L. WALSH TIP  Address with Zip Code: 60 DETAN AVENUE, RI DLESS 2  Partner's/Member's/President's Name: RICKARD L. WALSH TIP  Address with Zip Code: 32 (MMM STROET) APT 1 BOSTON MA 021  Partner's/Member's/Freasurer's Name: BRILAN DRISLOUL		
Business DBA Name (if applicable):  Address with Zip Code: 123 PACKARD AVE SOMBRUILE MA 02144  Tax Identification Number: 04/67828 Check one: SSN VFEIN  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: KAPA (MALGE, THETH OLLTH-CUIT Phone: \$17 275 28 2  Address with Zip Code: 123 PACKARD AVENUE SOMBRUILE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 2725 2521  Emergency Contact 2: RICK WALSH Phone: 401884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Verporation (inc. LLC) Other  WASHINGTON  WORDON  FA SOLE PROPRIETOR: Other  Owner's Name:  Address with Zip Code: 60 DETIN AVENUE, RT 02882  Partner's/Member's/President's Name: MILLAM MADDEN  Address with Zip Code: 33 INMA SINCET APT 1 BOSTON MA 021  Partner's/Member's/Treasurer's Name: BRLAN DRISON.	<u>V</u> Renewing Application with NO Additions or Ch	langes
Address with Zip Code: 123 PACKARD AVE SOMERVILLE MA 02144  Tax Identification Number: 04/67828 Check one: SSN VFEIN  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: LAPPA (HARGE, THETH OTTH-CUT Phone: 8.57 27.5 28 7  Address with Zip Code: 123 PACKARD AYTHUE SOMEDULUE MA 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 275 2521  Emergency Contact 2: RICK WALSH Phone: 401884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  Other  Other  Other  Address with Zip Code: 60 DEAN AVENUE, RT 02852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 INMM SINCET APT 1 BOSTON MA 021  Partner's/Member's/Treasurer's Name: BRLAN DRISCONL	Business Name: KAPPA CHANGE, THETA DELT	TA CHT Phone: 857 225 2521
Tax Identification Number: 04/67828 Check one: SSN FEIN  Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE N  Property Owner Name: LAPPA (HARGE, THETH OF TUTH-CUT Phone: \$57 225 25 25 25 25 25 25 25 25 25 25 25 25	Business DBA Name (if applicable):	
Mailing Name (where we should send correspondence to): BRIAN DRISCOLL  Address with Zip Code: 30 WASUINGTON AVENUE PLEASANTVILLE N Property Owner Name: LAPLA (LARGE, THETH OTTH-CHI Phone: \$17 225 285 2  Address with Zip Code: 123 PACH AND AVENUE SOMETIME MAYOUT Phone: 857 225 2521  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 225 2521  Emergency Contact 2: RICK WALSH Phone: 401884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Very Corporation (inc. LLC) Other  IF A SOLE PROPRIETOR:  Owner's Name: Monofit  Address with Zip Code: 127 CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name: RICHARD L WALSH ITT  Address with Zip Code: 60 DEAN AVENUE, RI D2852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 (MMM SMOSET APT 1 BOSTON MA OZU  Partner's/Member's/Treasurer's Name: BRLAN DM(SLOUL)	Address with Zip Code: 123 PACKARD AVE	5 SOMBRUILLE MA 02144
Address with Zip Code: 30 WASUINGTON AVENUE PLEASATTVILLE N Property Owner Name: EAPLA (LA ALGE) THETH OUTTH-CUIT Phone: 8.57 22.5 28.7  Address with Zip Code: 123 PACLA AND AVENUE SOMETIME MAY 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 225 252.1  Emergency Contact 2: RICK WALSH Phone: 40 1 884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  IF A SOLE PROPRIETOR:  Owner's Name: Non Profit  Owner's Name: RICHARD L WALSH III  Address with Zip Code: 60 DEAN AVENUE, RI D28 5 2  Partner's/Member's/Secretary's Name: WILLIAM MADDGO  Address with Zip Code: 33 INMM SMORT APT 1 BOSTON MAY OZA  Partner's/Member's/Treasurer's Name: BILLAN DM(\$LOUL)	Tax Identification Number: 04/67828	Check one:SSN VFEIN
Address with Zip Code: 30 WASUINGTON AVENUE PLEASATTVILLE N Property Owner Name: EAPLA (LA ALGE) THETH OUTTH-CUIT Phone: 8.57 22.5 28.7  Address with Zip Code: 123 PACLA AND AVENUE SOMETIME MAY 021  Emergency Contact 1: DIEGO ROSENFELD Phone: 857 225 252.1  Emergency Contact 2: RICK WALSH Phone: 40 1 884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  IF A SOLE PROPRIETOR:  Owner's Name: Non Profit  Owner's Name: RICHARD L WALSH III  Address with Zip Code: 60 DEAN AVENUE, RI D28 5 2  Partner's/Member's/Secretary's Name: WILLIAM MADDGO  Address with Zip Code: 33 INMM SMORT APT 1 BOSTON MAY OZA  Partner's/Member's/Treasurer's Name: BILLAN DM(\$LOUL)	Mailing Name (where we should send corresponder	ace to): BRIAN DRISCOLL
Property Owner Name: **LANDA* (In ANCE , TUTTER STITE CUTE* Phone: \$17 275 28 2 Address with Zip Code: *  123 PACHARD AVENUE SOMETIME MA 021 Phone: \$57 275 2521  Emergency Contact 1: **DIEGO ROSENFELD** Phone: \$57 275 2521  Emergency Contact 2: **RICK WAISH** Phone: *401884 9/42  Type of Business (Check one): **Sole Proprietor** Partnership (inc. LLP) **_Trust** Vcorporation (inc. LLC) **_Other**  Owner's Name: **	Address with Zip Code: 30 WASUINGTO	ON AVENUE PLEASAMTULLE NY
Emergency Contact 1: DIEGO ROSENFELD Phone: 857 275 2521 Emergency Contact 2: RICK WAISH Phone: 401 884 9/42  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  WAN PROFIT  Owner's Name:  Address with Zip Code:  PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name: RICHARD L. WAISH III  Address with Zip Code: 60 DEAN AVENCE, RI D2852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 IMMA SANCES APT 1 BOSTON ME OZE  Partner's/Member's/Treasurer's Name: BILLAN DRISCON.		
Emergency Contact 1: DIELO ROSENFELD Phone: 857 225 2521 Emergency Contact 2: RICK WALSH Phone: 401884 9142 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:  Partner's/Member's/President's Name:  Partner's/Member's/President's Name:  Partner's/Member's/Secretary's Name:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Address with Zip Code: 33 IMML STREET APT 1 BOSTON MA OZI  Partner's/Member's/Treasurer's Name: BRLAN MASSON.	_	
Emergency Contact 2: Rick WAISH Phone: 401884 9142  Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  FA SOLE PROPRIETOR:  Owner's Name:  Address with Zip Code:  FA PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name: Richard L. WAISH III  Address with Zip Code: 60 DEATH AVENCE, RI 02852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 IMMM SINGET APT 1 BOSTON MA 020  Partner's/Member's/Treasurer's Name: BRIAN DMISCON		
Type of Business (Check one):  Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  WN Profit  Owner's Name:  Address with Zip Code: Partner's/Member's/President's Name:  Partner's/Member's/President's Name:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Address with Zip Code:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Partner's/Member's/Treasurer's Name:  Partner's/Member's/Treasurer's/Treasurer's Name:	Emergency Contact 1: DIEGO ROSENFELD	Phone: 857 275 2521
Type of Business (Check one):  Sole Proprietor Partnership (inc. LLP) Trust  Corporation (inc. LLC) Other  WN Profit  Owner's Name:  Address with Zip Code: Partner's/Member's/President's Name:  Partner's/Member's/President's Name:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Address with Zip Code:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Partner's/Member's/Treasurer's Name:  Partner's/Member's/Treasurer's/Treasurer's Name:	Emergency Contact 2: RICK WAISH	Phone: 401884 9142
Corporation (inc. LLC) Other  Work Profit  Owner's Name:  Address with Zip Code:  Partner's/Member's/President's Name:  Partner's/Member's/President's Name:  Partner's/Member's/Secretary's Name:  Partner's/Member's/Secretary's Name:  WILLAM MADDEN  Address with Zip Code: 33 IMMA STREET APT 1 BOSTON MA OZI  Partner's/Member's/Treasurer's Name:  BRIAN MISLON		
Owner's Name:  Address with Zip Code:  Partner's/Member's/President's Name:  Partner's/Member's/Secretary's Name:  Partner's/Member's/Secretary's Name:  Partner's/Member's/Secretary's Name:  MN Profit  Modern Address with Zip Code:  Modern AVENTE, RI D2852  Partner's/Member's/Secretary's Name:  MILLAM MADDEN  Partner's/Member's/Treasurer's Name:  BRIAN DRISLOW		
Owner's Name:  Address with Zip Code:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name:  Address with Zip Code:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORAT		
Address with Zip Code:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  Partner's/Member's/President's Name:  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):  OF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed	IF A SOLE PROPRIETOR:	$n_l$
Partner's/Member's/President's Name: Richard L. WAISH III  Address with Zip Code: 60 DTAN AVENUE, RI 02852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 IMMM SMOBT APT 1 BOSTON MA 021  Partner's/Member's/Treasurer's Name: BRIAN MISLOU	Owner's Name:	
Partner's/Member's/President's Name: RICHARD L. WASH III  Address with Zip Code: 60 DEAN AVENUE, RI 02852  Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 INMUL SINCET APT 1 BOSTON MA 021  Partner's/Member's/Treasurer's Name: BRIAN MISLOU	Address with Zip Code:	
Address with Zip Code: 60 DEAN AVENUE, RI 02852 Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 INMUL STOUBT APT 1 BOSTON MA 021 Partner's/Member's/Treasurer's Name: BRIAN MISLOU		
Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 INMNG SMOBT APT 1 BOSTON MA OZI  Partner's/Member's/Treasurer's Name: BNIAN M(SLOUL	Partner's/Member's/President's Name: Richa	RD L. WAISH ITT
Partner's/Member's/Secretary's Name: WILLAM MADDEN  Address with Zip Code: 33 INMNG SMOBT APT 1 BOSTON MA OZI  Partner's/Member's/Treasurer's Name: BNIAN M(SLOUL	Address with Zip Code: 60 DEAN AVEI	NE, RI 02852
Address with Zip Code: 33 INUM SMOBT APT 1 BOSTON MA OZI Partner's/Member's/Treasurer's Name: BNIAN M(SLOUL	Partner's/Member's/Secretary's Name: W/VU	AM MADDEN
Partner's/Member's/Treasurer's Name: BRIAN MISCOU.		

Number of residents at this lodging house:	77
ACKNOWLEDGEMENT	
I hereby state that all information provided understand that any information that is foun forfeiture of this license. This license will limitations set forth in the Somerville Code claws, and any conditions prescribed by the City Signature of Applicant:	d to be false or misleading may result to be subject to all of the terms, conditions of Ordinances, any applicable State and F
Print Name: DIEGO ROSEN FELD	Phone: 857 225
	this form to the City Clerk for considerate
Obtain the signatures below before submitting the Board of Aldermen.  Approved Denied Date SID W	this form to the City Clerk for consideration ApprovedDenied Date
the Board of Aldermen.	
Approved Denied Date SIN W	ApprovedDenied Date
Approved Denied Date SIN W Police Chief or Designee	ApprovedDenied Date Chief Fire Engineer or Designee
Approved Denied Date SIS W Police Chief or Designee  Approved Denied Date	ApprovedDenied Date  Chief Fire Engineer or Designee ApprovedDenied Date

Number of residents at this lodging house:	<del>}</del>
ACKNOWLEDGEMENT	
understand that any information that is found forfeiture of this license. This license will b	on this application is true and accurate, and I d to be false or misleading may result in the e subject to all of the terms, conditions, and f Ordinances, any applicable State and Federal of Somerville.  Date: 257 225 252
Print Name: DIEGO ROSEN FELD	Phone: 857 225 252
Obtain the signatures below before submitting the Board of Aldermen.	Approved Denied Date 8 2010  ALT: Stype Chief Fire Engineer or Designee
Approved Denied Date 8/30/10  Highways, Lights & Lines Sup't or Designee	Approved Denied Date 8-30-10 Building Inspector or Designee
Approved Denied Date 8-30-/6  Health Inspector or Designee	

#### 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.

KAR	PA C	KAR6	e, Tue	TA	201	A CHI	/RI	CHARD 1		2
*Signatu	re of Indi	vidual or (	Corporate Na	me (	(Mandato	ory)				
Freh	Wals	1 11								
By: Corp	orate Offi	cer (Mand	latory, if a co	rpo	ration)					
	046	1678	28							
**Social corporation	-	Number	(Voluntary)	or	Federal	Identification	Number	(Mandatory,	if	a

- \* 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.



## 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/app	olicant's business:	APPA CHARGE, THETO	A DELTA CHI				
Address of taxpayer/application	ant's business in Somer	ville: 123 PACKARD	AV. SOMERVIU				
Address of taxpayer/application	ant's home in Somervil	le:					
Taxpayer/applicant's phone	e: day: 617/596-	3944 evening: Sant					
hereby certify that all the i	nformation contained h d or that the Taxpayer	, the undersigned nerein is true and correct and a has entered into an agreement	ll taxes and fees				
		IES OF PERJURY, this					
TUNE	, 20 <u>/0</u> . <sub>7</sub>	Januar's signatus	flor e)				
CITY'S ACKNOWLEDGEMENT							
DATE OF ISSUANCE: _	INCLUD	ES RELEVANT POSTINGS THROUGH:	: 				
TAXES AND ACCOUNT	'NUMBER(S) INCLU	UDED IN CERTIFICATE:					
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:				
# 20LL/LO	000804 EE #	Personal Property  # No A CC B	#				
NOTES:		1					
CLERK'S INITIALS: _	$ \wedge$ $ \wedge$	ORIGINAL STAMP:	eceived				

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

### Workers' Compensation Insurance Affidavit - General Businesses

Applicar	nt inforn	ation:									
Name:	Jan .	PA	KAPPA	- CHAT	16E,	THETA	DER	TA C	MI		
Address:	123	PARI	iAND	NE	Soh	itavii	LE	MA	02	144	
City:				State:	Ziŗ	):	Phone	e#: <b>%</b> 2	57	کچ۲	525
(full and a semploy We are exempt	d/or part tingsole proprieges.  a corporate tion per cl:	ne). etor or part ion that ha: 52 s1(4), a t organizat	nership and s exercised on thave no e ion staffed b	our right of amployees.		Retail Restaurant/B Office and/or Nonprofit Entertainmen Manufacturin Health Care Other MOL	r Sales ( nt ng	(real esta	ate, aut	o, etc.)	И (ОТ
Workers'	compensa	tion insur		ation (if appl							
Insurance (	Company 1	Name:	WILL	5 / HR	H !	RIPLAN	<u>/D</u>			****	<u> </u>
Address:	1223	1 €	MMET	57,	9V	ITE S					
City: 0	MAHI	4		State: NE	Zij	s: 68164	Phone	e#: 8	00 - 3	<del>136</del> -	432
Failure to penalties of WORK O	secure confarine up RDER and	werage as to \$1,500 l a fine o	required un 00 and/or o f \$100.00 a	M MS VILLA SK   LINGS L der Section 2 ne years' impr day against the DIA for co	5A of I risonme me. I i	MGL 152 ca ent as well as understand th	n lead civil pe	to the i	mpositi	ion of croor of a	riminal STOP
I do hereby		der the par		lties of perjury	y that th	e information	provid	ed abov	e is truc	and cor	rect.
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