

CONTACT: Rob 781-844-1844

APPLICATION FOR A LODGING HOUSE LICENSE

2010 AUG 30 A 11: 13

Application Fee \$500.00

Date 8/30/10 CITY CLERK'S OFFICE SOMERVILLE, MA

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 8/30/10 MS
Amount Paid \$500.00 CK# 917

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Business Name: KAPPA CHARGE, THETA DELTA CHI Phone: 857 225 2521

Business DBA Name (if applicable):

Address with Zip Code: 123 PACKARD AVE SOMERVILLE MA 02144

Tax Identification Number: 04167828 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): BRIAN DRISCOLL

Address with Zip Code: 30 WASHINGTON AVENUE PLEASANTVILLE NY 10570

Property Owner Name: KAPPA CHARGE, THETA DELTA CHI Phone: 857 225 2521

Address with Zip Code: 123 PACKARD AVENUE SOMERVILLE MA 02144

Emergency Contact 1: DIEGO ROSENFELD Phone: 857 225 2521

Emergency Contact 2: RICK WALSH Phone: 401 884 9142

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other
NON PROFIT

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: RICHARD L. WALSH III

Address with Zip Code: 60 DEAN AVENUE, RI 02852

Partner's/Member's/Secretary's Name: WILLIAM MADDEN

Address with Zip Code: 33 IRVING STREET APT 1 BOSTON MA 02114

Partner's/Member's/Treasurer's Name: BRIAN DRISCOLL

Address with Zip Code: 301 WASHINGTON AVENUE PLEASANTVILLE, NY 10570

Number of residents at this lodging house: 22

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: D. Rosenfeld Date: 8/15/10

Print Name: DIEGO ROSENFELD Phone: 857 225 2521

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/18/10</u> <u>Chief V. Full S. Cahill</u> Police Chief or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Chief Fire Engineer or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Highways, Lights & Lines Sup't or Designee	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Building Inspector or Designee
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Health Inspector or Designee	

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Signature of Applicant: D. Rosenfeld Date: 8/15/10

Print Name: DIEGO ROSENFELD Phone: 857 225 2521

Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____ _____ Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/20/10</u> <u>A/ LT. Silver</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8/30/10</u> <u>J. P. Pender</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-30-10</u> <u>M. Byrnes</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>8-30-10</u> <u>Chella Buel</u> 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.

KAPPA CHARGE, TUCTA DELTA CHI / RICHARD L. WALSH
*Signature of Individual or Corporate Name (Mandatory)

Rich Walsh III
By: Corporate Officer (Mandatory, if a corporation)

046167828
**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.



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: KAPPA CHARGE, TASTA DELTA CHI

Address of taxpayer/applicant's business in Somerville: 123 PACKARD AV. SOMERVILLE MA 02144

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617/596-3944 evening: same

I, (print name) J. KENNETH NIMBLETT, 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 3rd day of JUNE, 2010. J. Kenneth Nimblett
(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: _____
20666160 # 33408500 | # No Acc't # _____

NOTES:

CLERK'S INITIALS: U

ORIGINAL STAMP: **received**
6-6-3-10

**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: ~~123~~ ~~PA~~ KAPPA CHARGE, TAUETA DELTA CMT
 Address: 123 PARKWAY AVE SOMERVILLE MA 02144
 City: _____ State: _____ Zip: _____ Phone #: 857 225 2521

- | | |
|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input checked="" type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input checked="" type="checkbox"/> Other <u>NON PROFIT FRATERNAL CORP.</u> |

Workers' compensation insurance information (if applicable):

Insurance Company Name: WILLIS / TOWERS WATSON
 Address: 12231 EMMET ST, SUITE 5
 City: OMAHA State: NE Zip: 68164 Phone #: 800-736-4327
 Policy #: NHD3654941 - PROPERTY INSURANCE Expiration Date: 04/01/2011
 Applicant certification: FBI 2202592 - EQUIPMENT INSURANCE 04/01/2011
RISK MANAGEMENT - RISK/LIABILITY 11/01/2010

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: *D. Rosenfeld* Date: 8/15/10
 Print Name: DITCO ROSENFELD

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____

Contact Person: _____ Phone #: _____