



**CITY OF SOMERVILLE
BOARD OF ALDERMEN
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600**

APPLICATION TO RENEW LODGING HOUSE LICENSE

**WALNUT HILL PROPERTIES CORP
ALPHA OMICRON PI
PO BOX 53053
MEDFORD, MA 02153**

License #: **112**
Fee: **550.00**
Account ID: **125**
Reference #: **112**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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 OMICRON PI Business Location: 25 WHITFIELD RD Business Phone: 781-391-5300	
License Holder: WALNUT HILL PROPERTIES CORP ALPHA OMICRON PI PO BOX 53053 MEDFORD, MA 02153 781-391-5300	
Mailing Address: WALNUT HILL PROPERTIES CORP ALPHA OMICRON PI PO BOX 53053 MEDFORD, MA 02153	
Business Type: CORPORATION (INC. LLC) SECRETARY - BRUCE KETCHEN PRESIDENT - RICHARD REYNOLDS TREASURER - THOMAS MCGURTY	
FID: 043419100	
Food Manager/Emergency Contact: BRUCE KETCHEN	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **NOT APPLICABLE**

12 RESIDENTS

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: _____ Date _____

Print Name: _____ Phone _____

2013

25 Whitfield Rd

2013 JUN -2 A 10:45

APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	SOMERVILLE, MA
Amount Paid	

Date 6/15/13

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Walnut Hill Properties Corp

Business (DBA) Name: dba Alpha Omicron Pi Phone: 781-391-5300

Business Location (with Zip Code): 25 Whitfield Rd, Somerville 02144

Applicant's Legal Name: Walnut Hill Properties Corp

Applicant's Address (with Zip Code): 47 Winthrop St, Medford MA 02155

Applicant's Email Address: walnuthillproperties@comcast.net

Applicant's Federal Employer Identification Number: 04-3419100

Mailing Name (where we should send correspondence to): Walnut Hill Properties Corp

Mailing Address (with Zip Code): PO Box 53053 Tufts Branch, Medford MA 02153

Emergency Contact: Bruce L. Ketchen Phone: 781-391-5300

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: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Linda Snyder, VP Operations

Address with Zip Code: Tufts University, 47 Winthrop St, Medford 02155

Partner's/Member's/Secretary's Name: Bruce L. Ketchen, General Manager

Address with Zip Code: WHPC, 47 Winthrop St, Medford MA 02155

Partner's/Member's/Treasurer's Name: Thomas S McGurty, VP Finance

Address with Zip Code: Tufts University, 169 Holland St, Somerville MA 02144

Lodging house location: 25 Whitfield Rd

Number of residents at this lodging house: 12

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: Bruce L. Ketchen Date: 6/18/13

Print Name: Bruce L. Ketchen Phone: 781-391-5300

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>8/11/13</u> <u>[Signature]</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/24/13</u> <u>[Signature]</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/24/13</u> <u>[Signature]</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-24-13</u> <u>[Signature]</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/24/13</u> <u>[Signature]</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.

Walnut Hill Properties Corp.

~~*Signature of Individual or Corporate Name (Mandatory)~~

By: Corporate Officer (Mandatory, if a corporation)

04. 3419100

~~**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: Walnut Hill Properties Corp

Address of taxpayer/applicant's business in Somerville: PO Box 53, Tufts Branch, Medford MA 02153

Address of taxpayer/applicant's home in Somerville: 26 Whitfield Rd

Taxpayer/applicant's phone: day: 781-391-5300 evening: 781-391-5300

I, (print name) Bruce L. Ketchen, 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 18th day of JUNE, 20 13.

Bruce Ketchen - GEN. MGR.
(Taxpayer's signature) for Walnut Hill Properties Corp.

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: _____

16311 # 33104401 # _____ # _____

NOTES:

CLERK'S INITIALS: LB ORIGINAL STAMP: _____

RECEIVED
UBana
7-31-13



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: TRUSTEES OF TAPS COLLEGE & WALNUT HILL PROPERTIES INC

Address: 169 HOLLAND STREET

City/State/Zip: SEMERVILLE MA 02144 Phone #: 617-627-3981

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input checked="" type="checkbox"/> I am an employer with <u>4,500</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input checked="" type="checkbox"/> Non-profit <u>EDUCATION</u></p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: NEW YORK MARINE & GENERAL INSURANCE COMPANY

Insurer's Address: PO BOX 22778

City/State/Zip: OKLAHOMA CITY, OK 73123

Policy # or Self-ins. Lic. # EXCESS POL W22013EPP00063 SELF INS # 702 Expiration Date: 7/1/2014

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Handwritten Signature]

Date: 7/10/2013

Phone #: 617-627-3981

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

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____

MIDLANDS

PO Box 22778 Oklahoma City, OK 73123
Phone: 405.840.0074 • Fax: 405.840.5432

Date: 06/25/2013
To: Leslie Emack
Risk Strategies Company
Boston, MA
CC: Jane Dickerson
From: Ashley Dahnke - adahnke@midman.com
Account: Trustees of Tufts College and Walnut Hill Properties, Inc.
169 Holland Street
Somerville, MA 02144
File No. (NOT a policy number): TBD

NEW YORK MARINE & GENERAL INSURANCE COMPANY
Specific Excess & Aggregate Excess Workers' Compensation and Employers' Liability Binder
A.M. Best Rated: "A" (Excellent), IX

<i>Binder</i>	
Policy Term	July 1, 2013 / July 1, 2014
Policy Number	WC2013EPP00063
Estimated Manual Premium	\$3,867,737
Estimated Total Payroll	\$344,718,129
Covered State(s)	MA
Specific Retention	\$450,000
Specific Limit	Statutory
Employers Liability Limit	\$1,000,000
Aggregate Attachment Rate	NIL
Minimum Aggregate Attachment	NIL
Aggregate Limit	NIL
Maximum Loss Accruing Aggregate	NIL
Excess Rate (per \$100 of Payroll)	0.0377
Estimated Premium Excluding Terrorism	\$129,959
Terrorism Charge	\$3,475
Total Minimum Premium (90% of Deposit)	\$120,090
Total Deposit Premium	\$133,434