

1 DEVICE

APPLICATION FOR AN AUTOMATIC AMUSEMENT DEVICE LICENSE

Application Fee \$60.00 per device

Date April 1, 2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-15-2010
Amount Paid CK #000087949

\$60-

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

Business Name: Northeast Motel Associates Phone: 617-628-1000

Business DBA Name (if applicable): Holiday Inn

Address with Zip Code: 30 Washington St, Somerville, MA 02143

Tax Identification Number: 62-0928671 Check one: SSN X FEIN

Mailing Name (where we should send correspondence to): same c/o Peabody Hotel Group

Address with Zip Code: 319 Speen St, Natick, MA 01760

Property Owner Name: Northeast Motel Associates Phone: 508-651-8300

Address with Zip Code: c/o Peabody Hotel Group 319 Speen St, Natick, MA 01760

Emergency Contact 1: Jim Harvey Phone: 617-616-1921

Emergency Contact 2: Andrew Wilbur Phone: 617-628-1000

Type of Business (Check one): Sole Proprietor X 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: David V. Shamoian

Address with Zip Code: c/o Peabody Hotel Group Natick, MA 01760

Partner's/Member's/Secretary's Name: Jimmie D. Williams

Address with Zip Code: c/o Belz Enterprises 100 Peabody Pl, Memphis, TN 38103

Partner's/Member's/Treasurer's Name: Jimmie D. Williams

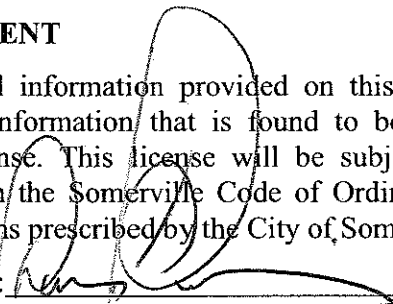
Address with Zip Code: c/o Belz Enterprises 100 Peabody Pl, Memphis, TN 38103

CITY CLERK'S OFFICE
2010 APR 15 P 3:03

Number of automatic amusement devices to be kept: one video game

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:  Date: 4-1-10
Print Name: David V. Shamoian Phone: 508-651-8300

LICENSING COMMISSION RECOMMENDATION:

The Licensing Commission recommends that the application be: Approved Denied
Signature: _____ Date: _____

FOR NEW APPLICANTS OR APPLICANTS ADDING AMUSEMENT DEVICES:

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The Inspectional Svcs. Dept. recommends that the application be: Approved Denied
Signature: _____ Date: _____

POLICE DEPARTMENT RECOMMENDATION:

The Chief of Police recommends that the application be: Approved Denied
Signature: _____ Date: _____



PEABODY HOTEL GROUP

April 14, 2010

Mr. John J. Long
City Clerk's Office
93 Highland Avenue
Somerville, MA 02143

Dear Mr. Long,

Please excuse the delay, but as discussed, enclosed is our check and license application for the video game machine at the Holiday Inn Hotel at 30 Washington Street. Please let me know if I need to do anything else, or if any more information is needed.

Thanks again for your help with this.

Sincerely,

A handwritten signature in cursive script that reads 'Steve Dugas'.

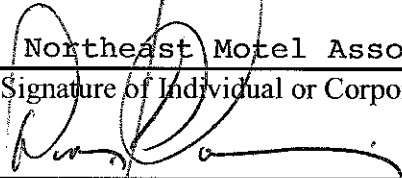
Steve Dugas
Assistant Regional Controller

**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.

Northeast Motel Associates d/b/a Holiday Inn

*Signature of Individual or Corporate Name (Mandatory)



David V. Shamoian, President

By: Corporate Officer (Mandatory, if a corporation)

62-0928671

**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.



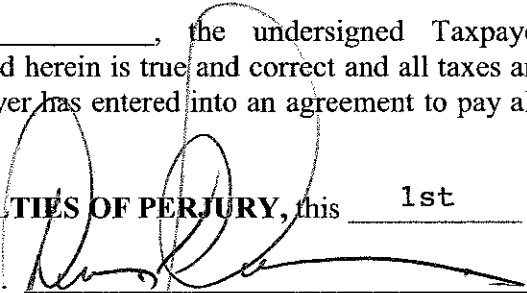
City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Northeast Motel Associates
d/b/a Holiday Inn
Address of taxpayer/applicant's business in Somerville: 30 Washington Street
Address of taxpayer/applicant's home in Somerville: 30 Washington Street
Taxpayer/applicant's phone: day: 617-628-1000 evening: 617-628-1000

I, (print name) David V. Shamoian, 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 1st day of April, 2010.

(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: _____
14497136 # 661022-001 # 09830011 # _____

NOTES:

CLERK'S INITIALS: h

ORIGINAL STAMP:

received
4-15-10

**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: Northeast Motel Associates d/b/a Holiday Inn
Address: 30 Washington Street
City: Somerville State: MA Zip: 02143 Phone #: 617-628-1000

I am an employer with 110 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other full service hotel

Workers' compensation insurance information (if applicable):

Insurance Company Name: Travelers Indemnity Company
Address: One Tower Square
City: Hartford State: CT Zip: 06183 Phone #: _____
Policy #: TRKUB 251T2211-09 Expiration Date: 9-01-2010

Applicant certification:

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 year's 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: 4-1-10

Print Name: David V. Shamoian

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

City or Town: _____ Permit/License #: _____
Contact Person: _____ Phone #: _____

| | |
|--------------------------|---------------------|
| <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 |