

## APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee \$500.00

Date 5/27/10

FOR CITY CLERK'S OFFICE ONLY

Date Recorded

Amount Paid

500 pd

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

Business Name: Walnut Hill Properties Corp Phone: 781-391-5300

Business DBA Name (if applicable): Theta Chi

Address with Zip Code: 100 Packard Ave, Somerville 02144

Tax Identification Number: Check one: SSN FEIN

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

Address with Zip Code: PO Box 53053, Medford MA 02153

Property Owner Name: Phone:

Address with Zip Code:

Emergency Contact 1: Bruce L. Ketchen Phone: 781-391-5300

Emergency Contact 2: Phone:

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: Richard W. Reynolds

Address with Zip Code: Tufts University, 520 Boston Ave, Medford MA 02155

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

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

Partner's/Member's/Treasurer's Name: Thomas S. McGarty

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

1004  
Number of residents at this lodging house: 11

#### 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.

By:

Signature of Applicant: Walnut Hill Properties Corporation Date: 5/27/10  
Print Name: Bruce L. Kitchen Phone: 781-391-5300  
Its General Manager

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>7/15/10</u> <u>Deputy Chief Paul Joffre</u> Police Chief or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/15/10</u> <u>F.I. John Brinkley</u> Chief Fire Engineer or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/14/10</u> <u>John O'neal</u> Highways, Lights & Lines Sup't or Designee	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7-14-10</u> <u>John O'neal</u> Building Inspector or Designee
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Date <u>7/14/10</u> <u>Joe Wolfson</u> Health Inspector or Designee	



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 Corporation

Address of taxpayer/applicant's business in ~~Somerville~~: PO Box 53053, Medford MA 02153

Address of taxpayer/applicant's ~~home~~ in Somerville: 100 Packard Ave

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

I, (print name) \_\_\_\_\_, 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 17<sup>th</sup> day of May, 2010. By Nan J. Hill (Taxpayer's signature) Its General Manager

**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: \_\_\_\_\_

#23699142      # 334089001      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** UR

**ORIGINAL STAMP:**

*received  
UR  
7-15-10*

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

\*Signature of Individual or Corporate Name (Mandatory)

James R. Miller

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.

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

**Workers' Compensation Insurance Affidavit - General B**

**Applicant information:**

Name: Walnut Hill Properties Corporation

Address: PO Box 53053

City: Medford State: MA Zip: 02153 Phone #: 781-391-5380

I am an employer with 4000 employees Business Type: Business  
(full and/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.

Retail  
 Restaurant/Bar/Eating  
 Office and/or Sales (re)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: Trustees of Tufts College

Address: c/o Risk Management 419 Boston

City: Medford State: MA Zip: 02155 Phone #

Policy #: SELF INSURED License #: 702 Expiration: 7/1/11

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil pena WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy 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

Signature: David Slatner Date: 5/27/10