APPLICATION FOR A LODGING HOUSE LICENSE

Application Fee $500.00

Date 7/29/2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 8/25/10
Amount Paid 500.00

2010 AUG 25 P 3:49
CITY CLERK'S OFFICE
SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☑ Renewing Application with NO Additions or Changes

Business Name: TRUSTEE OF TUFTS UNIVERSITY Phone: (617) 627-3992

Business DBA Name (if applicable): Wilson House

Address with Zip Code: 136 Curtis St. Somerville, MA 02144

Tax Identification Number: 04-2103634 Check one: __SSN ☑FEIN

Mailing Name (where we should send correspondence to): TUFTS UNIVERSITY FACILITIES DEPARTMENT

Address with Zip Code: 520 BOSTON AVE. MEDFORD, MA 02155

Property Owner Name: TRUSTEE OF TUFTS UNIVERSITY Phone: (617) 627-3992

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

Emergency Contact 1: DANA ANDRUS Phone: (617) 627-3992

Emergency Contact 2: TUFT UNIVERSITY POLICE Phone: (617) 627-3030

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: LAWRENCE S. BACOW

Address with Zip Code: TUFTS UNIVERSITY BALLOU HALL MEDFORD, MA 02155

Partner's/Member's/Secretary's Name: LINDA DIXON

Address with Zip Code: TUFTS UNIVERSITY BALLOU HALL MEDFORD, MA 02155

Partner's/Member's/Treasurer's Name: THOMAS McGURTY

Address with Zip Code: 169 HOLLND STREET SOMERVILLE, MA 02145

Number of residents at this lodging house: 49

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: Dana Andrus Date: 7/29/2010

Print Name: DANA ANDRUS Phone: (617) 627-3992

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

✓ Approved ___ Denied Date 8/9/2010 Police Chief or Designee	✓ Approved ___ Denied Date 8/24/10 FF Chief Fire Engineer or Designee
✓ Approved ___ Denied Date 8/9/10 Highways, Lights & Lines Sup't or Designee	X Approved ___ Denied Date 8-10-10 Building Inspector or Designee
✓ Approved ___ Denied Date 8/3/10 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: Wilson House

Address of taxpayer/applicant's business in Somerville: 136 Curtis St. Somerville, MA 02144

Address of taxpayer/applicant's home in Somerville: TUFTS UNIVERSITY; 520 BOSTON AVE. ,MEDFORD, MA 02155

Taxpayer/applicant's phone: day: (617) 627-3992 evening: (617) 627-3030

I, (print name) DANA ANDRUS, 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 29TH day of July, 2010. Dana Andrus
(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: ___
# 99743160	# 339100001	# N/A	#

NOTES: 99743160

CLERK'S INITIALS: _____ **ORIGINAL STAMP:** received 7-29-10

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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.

Trustees of Tufts College d/b/a Tufts University

*Signature of Individual or Corporate Name (Mandatory)

Darleen Karp

By: Corporate Officer (Mandatory, if a corporation)

04-2103634

**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 Businesses

Applicant information:

Name: TRUSTEES OF TUFTS College

Address: C/O Risk Management 169 Holland St.

City: Somerville State: MA Zip: 02144 Phone #: 6176273981

☒ I am an employer with 4000 employees (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.

Business Type:
☐ Retail
☐ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☒ Other University

Workers' compensation insurance information (if applicable):

Insurance Company Name: SELF INSURED License # 702

Address:

City: State: Zip: Phone #:

Policy #: Expiration Date:

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 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: David J Slater Date: 8/18/10

Print Name: DAVID J SLATER

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

City or Town: _____ *Permit/License #:* _____

☐ *Board of Health*
☐ *Building Department*
☐ *City/Town Clerk*
☐ *Licensing Board*
☐ *Selectmen's Office*
☐ *Other* _____

Contact Person: _____ *Phone #:* _____

(revised Jan. 2008)