

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Lodging House License 25 P 3: 02

TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155 Eicense # VILLEL LACOUDO 10: File #: 15-116 Fee: 605

n insurance, attach proof showing the

Review and update the information below. <u>If you have workers compensation insurance, attach proof showing the insurer and policy number.</u> 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: SOPHIA GORDON HALL Business Location: 13 -15 TALBOT AVE Business Phone: 617-627-3992	
License Holder: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Mailing Address: TRUSTEES OF TUFTS COLLEGE TUFTS UNIVERSITY FACILITIES DE 520 BOSTON AVE MEDFORD MA 02155	
Business Type: Trust	
FID: 042103634	
Emergency Contact: DANA ANDRUS Phone:	Daniela Sousa 617-627-3992
Name of lodging house: Not yet provided. Location of lodging house: 13 -15 TALBOT AVE # of Residents: 126	Sophia Gordon Hall

hereby certify under the penalties of perjury that the fo	llowing is true:		
-All information shown above is true and accurateAny changes above are subject to the approval of the E	ROARD OF AL	DERMEN	
I have filed all State tax returns and paid all State taxes			
Signature: Nancolo de la	Date:	8/21/15	
Printed Name: Daniela Sousa	Phone:	617-627-539	48

	Business (DBA) Name: Sophia Gordon Number of residents at this lodging house:	101		
	ACKNOWLEDGEMENT			
	understand that any information that is found forfeiture of this license. This license will b limitations set forth in the Somerville Code o laws, and any conditions prescribed by the Cit	on this application is true and accurate, and I d to be false or misleading may result in the e subject to all of the terms, conditions, and f Ordinances, any applicable State and Federal y of Somerville. I certify under the penalties of have filed all State tax returns and paid all State		
	Signature of Applicant: Handle	Date: 8/26/2015		
	Print Name: Daniela Sour	Phone: 617-627-3992		
	Obtain the signatures below before submitting the Board of Aldermen.	this form to the City Clerk for consideration by		
	ApprovedDenied Date	Approved Denied Date 8/25/15 L. R. Mac Laughlan		
	Police Chief or Designee	Chief Fire Engineer or Designee		
э	Approved Denied Date 8/25/15 Highways, Lights & Lines Sup't or Designee	Approved Denied Date 5/25/15 Building Inspector or Designee		
(Approved Denied Date 8 45 /5 Health Inspector or Designee			

LODGING HOUSE LICENSE INSPECTIONS FORM

Name of Lodging House: Sophia Gordon Hall-Tufts University Address (with Zip Code): 13-15 Tallot Ave. Somerville, MA 02144 Name of Contact: Daniela Sousa Phone: 617-627-399			
Number of residents at this lodging house: 126			
Obtain the signatures below before submitting this form to the City Clerk for consideration by the Board of Aldermen.			
Approved _Denied Date \$/36/15	ApprovedDenied Date		
Police Chief or Designee Deprty Chief	Chief Fire Engineer or Designee		
Approved _ Denied Date	ApprovedDenied Date		
Highways, Lights & Lines Sup't or Designee	Building Inspector or Designee		
ApprovedDenied Date			
Health Inspector or Designee			



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Sophia Gordon Hall-Tuffs University				
Address of taxpayer/applicant's business in Somerville: 13-15 Talkot Ave. Somerville, MA				
Address of taxpayer/applicant's home in Somerville: Facilities Services - 520 Boston Aug. Medford, P				
Taxpayer/applicant's phone	e: day: 617-627	-3992 evening: 617-6	627-3030	
I, (print name) Daniela Sousa (agent), 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 P	AINS AND PENAL	TIES OF PERJURY, this _	day of	
August , 20 15. Hamila Jusa (Taxpayer's signature)				
(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:	
# 00870021	# 334021001 # 334021001	#	#	
NOTES:				
CLERK'S INITIALS: _	- IK	ORIGINAL STAMP:		



The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

TO BE FILED WITH THE P	ERMITTING AUTHORITY. Please Print Legibly
Business/Organization Name: Trustees of Tufts Colleg	
Address: 169 Holland Street	
City/State/Zip: Somerville, MA 02144	Phone #: 617-627-3981
Are you an employer? Check the appropriate box: 1.	ir workers' compensation policy information.
I am an employer that is providing workers' compensation insur Insurance Company Name: Self-Insured with Excess insurance Insurer's Address: 59 Maiden Lane, Suite 2700 City/State/Zip: New York, NY 10038-4647 Policy # or Self-ins. Lic. # SI Lic. # 702; XS Policy # W2015EF Attach a copy of the workers' compensation policy declaration Failure to secure coverage as required under Section 25A of MGL fine up to \$1,500.00 and/or one-year imprisonment, as well as civi of up to \$250.00 a day against the violator. Be advised that a copy	PP00063 Expiration Date: Both 07/01/2016 n page (showing the policy number and expiration date). c. 152 can lead to the imposition of criminal penalties of a ill penalties in the form of a STOP WORK ORDER and a fine
Investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and genalties of perjury that	the information provided above is true and correct.
Signature: All All Phone #: 617-627-3981	Date: 8/24/2015
Official use only. Do not write in this area, to be completed by	v city or town official.
City or Town: Per Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Cl 6. Other	mit/License #lerk 4. Licensing Board 5. Selectmen's Office
Contact Person:	Phone #:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Leslie Emack PHONE (A/C. No. Ext): (617)330-5700

E-MAIL lemack@risk-str FAX (A/C, No): (617) 439-3752 Risk Strategies Company E-MAIL ADDRESS: lemack@risk-strategies.com 160 Federal Street INSURER(S) AFFORDING COVERAGE Boston MA 02110 INSURER A New York Marine & General Ins Co INSURER B : Trustees Of Tufts College INSURER C: 169 Holland Street-TAB Building INSURER D: INSURER E : 02144 Somerville INSURER F: **CERTIFICATE NUMBER:CL157196473 REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY S GENL AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE S PRO-JECT POLICY PRODUCTS - COMP/OP AGG 2 OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) 8 AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE \$ \$ RETENTION \$ DED X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 NIA WC2015EPP00063 7/1/2015 7/1/2016 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Issued as Evidence of Insurance. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Tufts University 169 Holland Street Somerville, MA 02144 AUTHORIZED REPRESENTATIVE

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MB Chuitin

Michael Christian/LEM