



Licensing Board for the City of Boston

One City Hall Square, Room 809, Boston, Massachusetts 02201
Telephone: (617) 635-4170; Facsimile: (617) 635-4742; Email: LicensingBoard@cityofboston.gov

APPLICATION FOR LODGING HOUSE LICENSE

Name of Applicant (Individual/Corporation): 40-41 Anderson Street LLC

Doing Business As (d/b/a, if different from above): _____

Name of Manager of Record: Barry S. Samuels

Address of Lodging House: 41 Anderson Street, Boston, MA 02114

Lodging House Telephone #: 6173476891 Lodging House Facsimile #: _____

Name of Managing Company (if applicable): Sapphire Property Management LLC

Mailing Address of Managing Company: _____

Contact Person at Managing Company: Property Manager & Telephone #: 508.523.8377

Description of Premises (include full description of facilities available to lodgers):

9 Units, no outdoor common space, laundry facilities in basement

Units contain a bedroom space, kitchen/living area, and a bathroom

Total # of Floors: 4 Total # of Rooms: 9 Total # of Lodgers: 19

of Rooms/Floor: Basement 1 1st 2 2nd 2 3rd 2 4th 2 5th _____ 6th _____ 7th _____ 8th _____ 9th _____

of Lodgers/Floor: Basement 3 1st 4 2nd 4 3rd 4 4th 4 5th _____ 6th _____ 7th _____ 8th _____ 9th _____

List All Persons/Entities with Interest in this License (corporate stockholders, directors, officers, clerks, LLC members, managers, and any person/entity with a direct/indirect beneficial/financial interest). Attach additional pages if necessary.

Name of Person/Entity	Title/Position	# Stock/ % Owned
40-41 Anderson Street LLC	Barry S. Samuels, Owner/Manager	100%

I hereby certify under the pains and penalties of perjury that the above is true and accurate information.

Signature: Barry S. Samuels
Print Name: Barry S. Samuels
Title as it relates to Business: Owner/Manager

Dated: 12/31/2023

For the Board's Official Use Only

GRANTED: _____

REJECTED: _____

Restrictions/Conditions: _____