



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN**  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600

**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

**EAST BRIDGE INTERNATIONAL, INC.**  
**TAIPEI TOKYO**  
**7 HOLLAND ST.**  
**SOMERVILLE, MA 02144**

License #: **1012**

Fee: **150.00**

Account ID: **449**

Reference #: **1012**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. 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: <b>TAIPEI TOKYO</b> Business Location: <b>7 HOLLAND ST</b> Business Phone: <b>(617)625-6666</b>	
License Holder: <b>EAST BRIDGE INTERNATIONAL, INC.</b> <b>TAIPEI TOKYO</b> <b>7 HOLLAND ST.</b> <b>SOMERVILLE, MA 02144</b> <b>(617)625-6666</b>	
Mailing Address: <b>EAST BRIDGE INTERNATIONAL, INC.</b> <b>TAIPEI TOKYO</b> <b>7 HOLLAND ST.</b> <b>SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - JAN HUEI LIN</b> <b>SECRETARY - JAN HUEI LIN</b> <b>TREASURER - JAN HUEI LIN</b>	
FID: <b>208559091</b>	
Food Manager/Emergency Contact: <b>JAN HUEI LIN</b> <b>617-281-8633</b>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

**6 SEATS**  
**3 TABLES**

Description of Location and/or Other Conditions:

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Jan Huei Lin* Date: 11/24/13

Print Name: Jan Huei Lin Phone: 617-281-8633



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: East Bridge intl. inc (Taipei Tokyo corp)

Address of taxpayer/applicant's business in Somerville: 7 Holland St

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617-281-8633 evening: 617-281-8633

I, (print name) Jan Huer Lin, 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 13 day of NOV, 2013. [Signature]  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

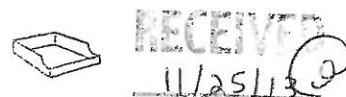
☒ Real Estate ☒ Water/Sewer ☒ Personal Property ☐ Other: \_\_\_\_\_

# 04178120 <sup>706</sup> # 326002001 <sup>630</sup> # 115920  
30056683 # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:



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

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

**Applicant information:**

Name: Taipei Tokyo Cafe  
Address: 87 Holland St  
City: Somerville State: MA Zip: 02144 Phone #: 617-281-8633

- ☒ I am an employer with 8 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

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

Insurance Company Name: WESCO INS. COMPANY / AM TRUST  
Address: 874 WALKER RD  
City: DOVER State: DE Zip: 19904 Phone #: 877 528 7878  
Policy #: WWC 306 2964 Expiration Date: 7/30/14

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

Print Name: \_\_\_\_\_

*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 #: \_\_\_\_\_  
☐ Board of Health  
☐ Building Department  
☐ City/Town Clerk  
☐ Licensing Board  
☐ Selectmen's Office  
☐ Other

# Wesco Insurance Company

A Stock Insurance Company

874 Walker Rd, Suite C

Dover, DE 19904

WORKERS COMPENSATION  
AND EMPLOYERS LIABILITY  
INSURANCE POLICY

WC 99 00 01 B

INFORMATION PAGE

Ncci Code: 26135

1. Insured:	Policy Number:	WWC3062964
East Bridge International Inc.		
7 Holland Street		
Somerville, MA 02144	Individual	Partnership
Other workplaces not shown above:	X Corporation or	
See Extension of Information Page	Federal Tax ID:	208559091
Producer:	Risk ID:	
AmTrust North America, Inc.	Renewal of:	WWC3039835
c/o Sherman W. Saltmarsh, Jr Insurance Agency		
751 Main Street		
Winchester, MA 01890		
2. The policy period is from	7/30/2013 to 7/30/2014	12:01 a.m. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Massachusetts		
B. Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are:		
Bodily Injury by Accident	\$ 100,000	each accident
Bodily Injury by Disease	\$ 500,000	policy limit
Bodily Injury by Disease	\$ 100,000	each employee
C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.		
D. This policy includes these endorsements and schedules:		
See attached endorsement schedule.		
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.		
See Extension of Information Page		
TOTAL ESTIMATED ANNUAL PREMIUM		2,814
STATE ASSESSMENT		102
TOTAL ESTIMATED COST		2,916
Minimum Premium		500
Deposit Premium		2,916

Issue Date: 6/17/2013

Countersigned By: \_\_\_\_\_  
Authorized Representative

