

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 3/10/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/31/11 - MS
Amount Paid \$20.00 CK# 3337

- New Application
Renewing Application with Additions or Changes
[X] Renewing Application with NO Additions or Changes

Applicant's Legal Name: Dalel Corporation Phone: 781 391-7590

Applicant's Address (with Zip Code): 430 Salem St. Medford MA 02155

Applicant's Email Address: mlawlor@dalelco.com

Applicant's Federal Employer Identification Number: 04-2624626

Business DBA Name (if applicable): Dunkin Donuts

Business Location (with Zip Code): 282 Somerville Ave

Mailing Name (where we should send correspondence to): Dalel Corporation

Mailing Address (with Zip Code): 430 Salem St. Medford MA 02155

Emergency Contact: Michele Lawlor Phone: 781 391-7590

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
[checked] Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Michele Lawlor

Address with Zip Code: 430 Salem St. Medford MA 02155

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

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

Address with Zip Code:

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

Address with Zip Code:

2011 MAR 31 P 2:06
CITY CLERK'S OFFICE
SOMERVILLE, MA

Extended hours requested (include hours of operation and days of week) M-Sunday
24 hours

Type of business retail

Length of time at this location 1977

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: Michele Lawlor Date: 3/28/2011
Print Name: Michele Lawlor Phone: 781 391-7590

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

Approved

Denied

Signature: _____ Name and Title: _____

**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.

Dalel Corporation

*Signature of Individual or Corporate Name (Mandatory)

Michele Bauer

By: Corporate Officer (Mandatory, if a corporation)

04-2624626

**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.



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: Dalel Corporation

Address of taxpayer/applicant's business in Somerville: 282 Somerville Ave

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 781 391-7590 evening: _____

I, (print name) Michele Lawlor, 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 28 day of March, 2011. Michele Lawlor
(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: _____

04218152 # 120051011 3000007 # 7

NOTES:

CLERK'S INITIALS: H

ORIGINAL STAMP: received
1-3-3/11

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: Dalel Corporation
Address: 282 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 781 391-7590

- I am an employer with 21 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: Travelers
Address:
City: Hartford State: CT Zip: 06183 Phone #: 800 238-6225
Policy #: 36291379 Expiration Date: 1/1/2012

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: Michele Lawlor Date: 3/28/2011
Print Name: Michele Lawlor

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 _____