



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

2016 MAY 25 P 3:25

**Application to Renew Extended Operating Hours License**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**LAM'S INC.**  
**24 COLLEGE AVE.**  
**SOMERVILLE MA 02144**

**License #:** BL15-000698  
**File #:** 15-370  
**Fee:** 605

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
<b>Business/DBA Name:</b> GOLDEN LIGHT RESTAURANT <b>Business Location:</b> 24 COLLEGE AVE <b>Business Phone:</b> 617-666-9822	
<b>License Holder:</b> LAM'S INC. 24 COLLEGE AVE. SOMERVILLE MA 02144	
<b>Mailing Address:</b> LAM'S INC. 24 COLLEGE AVE. SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation YEE TING WONG MAN KIT WONG YEE TING WONG	
<b>FID:</b> 042907347	
<b>Emergency Contact:</b> MAN KIT WONG <b>Phone:</b> 857-234-9717	
<b>Extended hours for in-store service (specify days and hours):</b> Su-Th to 1:30AM, Fr-Sa to 2AM <b>Extended hours for take-out service (specify days and hours):</b> Su-Th to 1:30AM, Fr-Sa to 2AM <b>Extended hours for delivery service (specify days and hours):</b> Su-Th to 1:30AM, Fr-Sa to 2AM	

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: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*Man Kit Wong*  
Man Kit Wong

4-25-16

857-234-9717



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Golden Light Restaurant

Address of taxpayer/applicant's business in Somerville: 24 College Ave Somerville MA 02144

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

Taxpayer/applicant's phone: day: 857-234-9717 evening: 617-666-9822

I, (print name) Mankif Wong, 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 25 day of

April, 2016. Mankif Wong

(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: \_\_\_\_\_

# 19621078      # 311022001      # 08270033      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UPB

ORIGINAL STAMP:

RECEIVED  
UPB  
5-25-16

**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: Golden Light Restaurant  
 Address: 24 college Ave  
 City: Somerville State: MA Zip: 02144 Phone #: 6176669822

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b>                  | <input type="checkbox"/> Retail   |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |  | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |  | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)  |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |  | <input type="checkbox"/> Nonprofit                                      |
|  |  | <input type="checkbox"/> Entertainment                                  |
|  | <input type="checkbox"/> Manufacturing |   |
|  | <input type="checkbox"/> Health Care   |   |
|  | <input type="checkbox"/> Other _____   |   |

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

Insurance Company Name: Public Service Mutual Insurance  
 Address: 1 Park Ave  
 City: New York State: NY Zip: 10016 Phone #:  
 Policy #: WC 010948 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: Man Kit Wong Date: 4-25-16  
 Print Name: Man Kit Wong

*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 #: \_\_\_\_\_

<input type="checkbox"/> Board of Health
<input type="checkbox"/> Building Department
<input type="checkbox"/> City/Town Clerk
<input type="checkbox"/> Licensing Board
<input type="checkbox"/> Selectmen's Office
<input type="checkbox"/> Other _____