



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

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

KEE KAR LAU INC
626C SOMERVILLE AVE
SOMERVILLE, MA 02143

License #: **1064**

Fee: **550.00**

Account ID: **838**

Reference #: **1064**

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: CHOW N' JOY Business Location: 626C SOMERVILLE AVE Business Phone: 617-623-4378		
License Holder: KEE KAR LAU INC 626C SOMERVILLE AVE SOMERVILLE, MA 02143 617-623-4378	2014 MAR 18 P 3:44 CITY CLERK'S OFFICE SOMERVILLE, MA	
Mailing Address: KEE KAR LAU INC 626C SOMERVILLE AVE SOMERVILLE, MA 02143		
PRESIDENT - ZIHANG LI TREASURER - ZIHANG LI SECRETARY - ZIHANG LI		
FID: 043185844		
Food Manager/Emergency Contact: KEVIN LI 617-448-4133		

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

Hours: **SU-SA TO 1AM**

Description of Location and/or Other Conditions:

SUNDAY - SATURDAY OPEN UNTIL 1 AM FOR TABLE SERVICE.
FRIDAY - SATURDAY OPEN UNTIL 2 AM FOR TAKEOUT AND DELIVERY SERVICE ONLY.

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: 3/18/14
 Print Name: ZIHANG LI Phone: 617-623-4378



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Keekar Lau Inc DBA Chow ni Joy

Address of taxpayer/applicant's business in Somerville: 626 Somerville Ave.

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-623-4378 evening: 617-448-4133

I, (print name) ZIHANG LI, 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 18 day of March, 2014. [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: _____
1130 # 24106200 # _____ # _____

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: Kee Kar Lau Inc
Address: 626 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 617-623-4378
 I am an employer with 5 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: Public Services Mutual Insurance Company
Address: One Park Ave
City: New York State: NY Zip: 10016 Phone #: 1-888-663-7275
Policy #: WC-047235 Expiration Date: 5/17/15

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: [Signature] Date: 3/18/14
Print Name: ZIHANG LI

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 _____