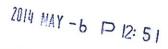


CITY OF SOMERVILLE **BOARD OF ALDERMEN**

93 HIGHLAND AVENUE SOMERVILLE, MA 02143



(617) 625-6600 CITY CLERK'S OFFICE APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSELE, MA

License #:

702

RED HOUSE CORP RED HOUSE RESTAURANT/MANDON LAU 24 UNION SQ **SOMERVILLE, MA 02143**

ck#2697

550.00

Account ID:

583

Reference #:

702

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: RED HOUSE RESTAURANT Business Location: 24 UNION SQ Business Phone: 617-666-4300	
License Holder: RED HOUSE CORP RED HOUSE RESTAURANT/MANDON LAU 24 UNION SQ SOMERVILLE, MA 02143 617-666-4300	
Mailing Address: RED HOUSE CORP RED HOUSE RESTAURANT/MANDON LAU 24 UNION SQ SOMERVILLE, MA 02143	
Business Type: CORPORATION (INC. LLC)	
FID: 042624440	
Food Manager/Emergency Contact:	
Conditions: Ito change any conditions, submit a new applica	tion, Contact the City Clerk's Office for more information)

change any conditions, submit a new application. Contact the City Clerk's Office

Hours: Su-Th to 1:30AM, Fr-Sa to 2AM

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 A -I have filed all State tax returns and paid all State taxes required by	LDERMEN. law for this business.	
Signature: Mandon Lan	Date _ \$ /6 /1 4	
Print Name: Wandon Lan	Phone 80-383-1060	
	1 / 10 /	



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

		2 11 10 0	1 -		
Exact name of taxpayer/ap	plicant's business:	led House Re			
Address of taxpayer/applicant's business in Somerville: 24 Union & Comerville Ma 02					
Address of taxpayer/applicant's home in Somerville:					
Taxpayer/applicant's phon	e: day: $8(7-383)$	- 1060 evening:			
I, (print name) Manchereby certify that all the due the City have been pa and fees and is current on s	id or that the Taxpayer	, the undersigne erein is true and correct and has entered into an agreeme	ed Taxpayer, do I all taxes and fees ent to pay all taxes		
		ES OF PERJURY, this			
	, 20	(Taxpayer's signat	ure)		
	CITY'S ACKNOW	LEDGEMENT			
DATE OF ISSUANCE: INCLUDES RELEVANT POSTINGS THROUGH:					
TAXES AND ACCOUNT	Γ NUMBER(S) INCLU	DED IN CERTIFICATE:			
☐ Real Estate	□ Water/Sewer	☐ Personal Property	Other:		
#	#12307905	# 1216	<u>#</u>		
NOTES:	eh				
CLERK'S INITIALS: _	011	ORIGINAL STAMP:			
			(E-17) 17 1 0 12 49 1		

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: Mandon Lan
Address: 24 Union Sq
City: Smerville State: Ma Zip: 82143 Phone #: 617-666-4300
 ✓ I am an employer with
Workers' compensation insurance information (if applicable):
Insurance Company Name: Public Service Mulval (Dadger Ins Hagney)
Address: 400 West Cummings Park Sinte 6755
City: 1/20 Duyn State: Ma Zip: 0180 Phone #: 781-933-2626
Policy #: WC D21520 Expiration Date: 3/11/15
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: Mandon Xan Date: 4/29/14
Print Name: MANDON LAU
Official use only. Do not write in this area. To be completed by city or town official.
City or Town: Permit/License #: Board of Health Building Department
☐ City/Town Clerk ☐ Licensing Board
Contact Person: Phone #: Selectmen's Office Other