IMPORTANT

Dear License Holder:

License Number: #191613

License Type: Extended Operating Hours

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

Location: 24 College Ave Special Conditions (if any): Su-Th to 1:30AM, Fr-Sa to 2AM, Renewal Fee (Return with this application): \$550 PLEASE FILL IN ALL SIX BOXES BELOW: The DBA Name of the Business: GOLDEN LIGHT RESTAURANT Somerville Address and Zip Code: 24 EDILLER AVE Phone Number of the Business: 617-666 9822 The Legal Name of the License Holder: Street Address of the License Holder: City, State and Zip Code of the License Holder: Phone Number of the License Holder: Email Address of the License Holder: Street Address: 24 College Ave Email: Phone Number: Federal ID # (Do Not Give a Social Security #): Emergency Contact and Phone (For Fire Dept. Use): May 144 - 44 Address: May 154 - 44 Address Address: Emergency Contact and Phone (For Fire Dept. Use): May 154 - 44 Address Address: May 154 - 44 Address Address Address: Emergency Contact and Phone (For Fire Dept. Use): May 154 - 44 Address Address Address: Emergency Contact and Phone (For Fire Dept. Use): May 154 - 44 Address Address Address: Emergency Contact and Phone (For Fire Dept. Use): May 154 - 44 Address Addre	Business Name: Golden Light Restaurant							
Renewal Fee (Return with this application): \$550 PLEASE FILL IN ALL SIX BOXES BELOW: The DBA Name of the Business: GODGED LIGHT LESTADEANT Somerville Address and Zip Code: 24 EDILLEGE AND MA 02144. Phone Number of the Business: 617-666 9022 The Legal Name of the License Holder: 21 PURTAN OR City, State and Zip Code of the License Holder: DUNION MA 02169 Phone Number of the License Holder: 614-113-4965. Email Address of the License Holder: Where We Should Send Mail: Name: GODGEN LICENSE LEGAT LEGAT. Street Address: 24 COLLEGE AND LICENSE LEGAT. Federal ID # (Do Not Give a Social Security #): 04 29 01 3 8 1.	Location: 24 College Ave							
PLEASE FILL IN ALL SIX BOXES BELOW: The DBA Name of the Business: GODGED LIGHT RESTADEANT. Somerville Address and Zip Code: 24 EDILGGE AND MAD2144. Phone Number of the Business: 617-666 9822 The Legal Name of the License Holder: 40 EATING LAM. Street Address of the License Holder: 21 PURITAN DE City, State and Zip Code of the License Holder: DUNCY MA. 02169 Phone Number of the License Holder: 611-113-4965. Email Address of the License Holder: GUDGE License Holder: Where We Should Send Mail: Name: GODGE License Holder: Street Address: 24 College Full Email: Phone Number: 611-666-9822 Federal ID # (Do Not Give a Social Security #): 04 19 01 341.	Special Conditions (if any): Su-Th to 1:30AM, Fr-Sa to 2AM,							
PLEASE FILL IN ALL SIX BOXES BELOW: The DBA Name of the Business: GODGED LIGHT RESTADEANT. Somerville Address and Zip Code: 24 EDILGGE AND MAD2144: Phone Number of the Business: 617-666 9822 The Legal Name of the License Holder: 40 EARTH DE City, State and Zip Code of the License Holder: DUNCY MA. 02169 Phone Number of the License Holder: 617-113-4965. Email Address of the License Holder: GODGEN LICENSE HOLDER: Street Address: 24 COLLEGE AND City, State and Zip Code: 50 MERSILE MAD2144 Email: Phone Number: 611-666-9822 Federal ID # (Do Not Give a Social Security #): 04 19 01 341.								
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The DBA Name of the Business: Somerville Address and Zip Code: 24 CDLLGGG AND MAD2144: Phone Number of the Business: 617-666 9822 The Legal Name of the License Holder: Street Address of the License Holder: City, State and Zip Code of the License Holder: Phone Number of the License Holder: Email Address of the License Holder: Where We Should Send Mail: Name: Street Address: 24 Collegg AND City, State and Zip Code: Email: Phone Number: 614-666-9822 Federal ID # (Do Not Give a Social Security #): OA 1901944.								
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Phone Number of the Business: 611-6669822 The Legal Name of the License Holder: Street Address of the License Holder: City, State and Zip Code of the License Holder: Phone Number of the License Holder: Email Address of the License Holder: Where We Should Send Mail: Name: CID DEN 1: CHA DEM. Street Address: 24 COD DEM 1: CHA DEM. City, State and Zip Code: Email: Phone Number: City A DEM. Federal ID # (Do Not Give a Social Security #): OA 199013 KA	The DBA Name of the Business: GOLDEN LIGHT RESTAURANT							
Phone Number of the Business: 619-6669822 The Legal Name of the License Holder: Street Address of the License Holder: City, State and Zip Code of the License Holder: Phone Number of the License Holder: Email Address of the License Holder: Where We Should Send Mail: Name: GOVDEN 1: GHT PEM: Street Address: 24 COVERN LICENSE LICENSE City, State and Zip Code: Som GLANILE HAD 2144 Email: Phone Number: Phone Number: Federal ID # (Do Not Give a Social Security #): OA 1990 13 KA	Somerville Address and Zip Code: 24 POLLER AVE MA 02144.							
The Legal Name of the License Holder: HO RATING LAM. Street Address of the License Holder: PURMANOR City, State and Zip Code of the License Holder: BUNNEY MA. 02169 Phone Number of the License Holder: BUNNEY MA. 02169 Phone Number of the License Holder: BUNNEY MA. 02169 Where We Should Send Mail: Name: GOVDEN LIGHT LEGT. Street Address: 24 COLVEGE AVE City, State and Zip Code: SOMELVILLE MA 02144 Email: Phone Number: BUNNEY MA 02144 Federal ID # (Do Not Give a Social Security #): OA 1990 13 KM.								
Street Address of the License Holder: 21 PDEMAN DE City, State and Zip Code of the License Holder: BUINEY MA. 02169 Phone Number of the License Holder: 611-113-4965. Email Address of the License Holder: Where We Should Send Mail: Name: GDVEN 1: GHT LEM. Street Address: 24 COLVEGE BVE City, State and Zip Code: SDM GLANILE MA 02144 Email: Phone Number: 611-666-9822 Federal ID # (Do Not Give a Social Security #): 04/29013M1.								
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Phone Number of the License Holder: Email Address of the License Holder: Where We Should Send Mail: Name: Street Address: 24 College by City, State and Zip Code: Email: Phone Number: (a) 1 - 666 - 9822 Federal ID # (Do Not Give a Social Security #): Out 1901 - 641 -	Street Address of the License Holder:							
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Email Address of the License Holder: Where We Should Send Mail: Name: GOVDEN LIGHT LEW. Street Address: 24 Colvege by City, State and Zip Code: 50 M Edwille MA 02144 Email: Phone Number: 611-666-9822 Federal ID # (Do Not Give a Social Security #): 04 29 01 3 41.								
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Federal ID # (Do Not Give a Social Security #): OA / 29 01 BX1.								
	Phone Number: 611-666-9822							
	,							
	Federal ID # (Do Not Give a Social Security #): Od 12013X1.							
Emergency Contact and Phone (For Fire Dept. Use): SWX LAM - 619 1164141								
	Emergency Contact and Phone (For Fire Dept. Use): Way Lan - 611 216 4141							

Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (inc. LLC): Name of President:
Name of Secretary:
Name of Treasurer:
Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- -I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:

Date 5/1/-1



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/app	olicant's business:	HO EHING L	AM					
Address of taxpayer/applicant's business in Somerville: 24 COLLEGE AVE. SOMERIVE								
Address of taxpayer/applica	ant's home in Somerville	e:						
Taxpayer/applicant's phone: day: 64-1194966 evening: 614-6669822								
I, (print name) Ho CHIHA JAM, 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 day of								
MAT	, 20 <u>\v</u>	(Taxpayer's signatu	re)					
CITY'S ACKNOWLEDGEMENT								
DATE OF ISSUANCE: _	INCLUDI	ES RELEVANT POSTINGS THROUGH	[2					
TAXES AND ACCOUNT	NUMBER(S) INCLU	DED IN CERTIFICATE:						
☐ Real Estate	□Water/Sewer	☐ Personal Property	Other:					
# 1962 1018 NOTES: 369	# 311022001	# 08210033 361	#					
CLERK'S INITIALS: _	-a	ORIGINAL STAMP:	RECEIVED,					

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: MASS Zip: 02 WA Phone #: 617-666 9822
☐ I am an employer withemployees Business Type: (full and/or part time). ☐ I am a sole proprietor or partnership and have no employees. ☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Care Other
Workers' compensation insurance information (if applicable):
Insurance Company Name: PUBLIE SERVICE MUTUAL INSURANCE CO.
Address: ONE PARK AVE.
City: NEW YORK State: N. T. Zip: 10016 Phone #:
Policy #: NCO10948 Expiration Date: 6-1-13
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:
Print Name: PORENING LAM
Official use only. Do not write in this area. To be completed by city or town official.
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 Selectmen's Office Contact Person: Phone #: Other Other
Contact Person: Phone #: Other Other

(revised Jan. 2008)

Public Service Mutual Insurance Company

One Park Avenue New York, NY 10016-5807

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

INFORMATION PAGE

NCCI Company No: 16152

RENEWAL

Prior Policy Number: WC 010948 11

Policy Number: WC 010948 12

Named Insured and Mailing Address:

Lam's Inc d/b/a Golden Light Restaurant 24 College Ave Somerville, MA 02144-1914

Producer and Mailing Address:

Richard Soo Hoo Insurance Agency, Inc. 1148 Washington Street Boston, MA 02118 Tel. (617) 338-8168

The Insured: Corporation

Other workplaces not shown above:

Named Insured: Lam's Inc d/b/a Golden Light Restaurant

2. The policy period is from 6/1/2012 to **6/1/2013** 12:01 A.M. Standard Time at your mailing address shown above.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: Massachusetts

Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits

of our liability under Part Two are:

Bodily Injury by Accident \$ 500,000

each accident

Bodily Injury by Disease \$ 500,000

policy limit

Bodily Injury by Disease \$ 500,000

each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

This policy includes the following endorsements and schedules:

See Extension of Information Page

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.

			Premium Basis	Rate Per	Estimated
	Loc.	Code	Total Estimated	\$100 of	Annual
<u>Classifications</u>	<u>St.</u> <u>No.</u>	<u>No.</u>	Annual Remuneration	Remuneration	<u>Premium</u>
	See Extension of Information Page			\$1,074	

Loss Constant: \$0

Expense Constant Charge:

\$250

Minimum Premium \$216

Deposit Premium \$1,324

Total Estimated Annual Premium:

\$1,324

Premium Adjustment Period: Annually Servicing Office: New England Branch

Countersigned 4/2/2012

at New York, N.Y.

Authorized Representative

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.

by

Edition 10/97

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