



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Extended Operating Hours License

RED HOUSE CORP
24 UNION SQ
SOMERVILLE MA 02143

License #: BL15-000702
File #: 15-583
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.

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 24 UNION SQ SOMERVILLE MA 02143	✓
Mailing Address: RED HOUSE CORP 24 UNION SQ SOMERVILLE MA 02143	✓
Business Type: Corporation MANDON LAU MANDON LAU MANDON LAU	✓
FID: 042624440	✓
Emergency Contact: MANDON LAU Phone: 857-383-1060	✓
Extended hours for in-store service (specify days and hours): Su-Th to 1:30AM, Fr-Sa to 2AM Extended hours for take-out service (specify days and hours): Su-Th to 1:30AM, Fr-Sa to 2AM Extended hours for delivery service (specify days and hours): 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: SEE ATTACHED Date: 4/13/16

Printed Name: _____ Phone: _____

APPLICATION FOR EXTENDED OPERATING HOURS

Nonrefundable Application Fee \$605.00

Date 4/13/16

FOR CITY CLERK'S OFFICE ONLY

Date Recorded APR 13 15 12:26

Amount Paid CITY CLERK'S OFFICE

SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Business (DBA) Name: Red House Restaurant Phone: 617-666-4300

Business Location in Somerville (with Zip Code): 24 Union Sq. Somerville MA 02143

Applicant's Federal Employer Identification Number: 042624440

Applicant's Legal Name: Mandon Lau

Mailing Name (where we should send correspondence to): 24 Union Square, Red House Restaurant

Mailing Address (with Zip Code): 24 Union Square, Somerville, MA 02143

Emergency Contact: Mandon Lau Phone: 857-383-1060

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: Mandon Lau

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ **Corporation:** Name of Corporation: Red House Corp

Name of President: Mandon Lau

Name of Secretary: Jo Chan Name of Treasurer: Mandon Lau

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 10%: Mandon Lau

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name Red House Restaurant

Extended hours requested (include hours of operation and days of week)

Sun - Thursday 11am - 1:30am
Fri & Sat 11am - 2:am

Type of business Take-out Restaurant

Length of time at this location Thirty six years

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. 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.

Signature of Applicant: Mandon Lam Date: 4/13/16

Print Name: MANDON LAM Phone: 857-383-1060

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: _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Mandon Lau *Red House*

Address of taxpayer/applicant's business in Somerville: 24 Union Square, Somerville

Address of taxpayer/applicant's home in Somerville: Same *mk 02143*

Taxpayer/applicant's phone: day: 857-383-1060 evening: ✓

I, (print name) MANDON LAU, 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 13 day of

April, 20 16. Mandon Lau
(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: _____

02028156 # 123079051 # 1178 # ✓

Belmont Hill Corp.
NOTES:

CLERK'S INITIALS: SL

ORIGINAL STAMP:



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:

Mandon Lau

Address:

24 Union Square

City:

Somerville

State:

Ma

Zip:

02143

Phone #:

617-666-4300

- ☒ I am an employer with 45 employees (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.

Business Type:

- ☐ Retail
☒ Restaurant/Bar/Eating Establishment
☐ Office and/or Sales (real estate, auto, etc.)
☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name:

Public Service Mutual

Address:

400 West Cummings Park #6725

City:

Woburn

State:

Ma

Zip:

01801

Phone #:

781-933-2626

Policy #:

BF027993

WC 021520

Expiration Date:

3/11/17

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 Lau

Date:

4/13/16

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
☐ Selectmen's Office
☐ Other _____

Contact Person: _____

Phone #: _____



William Francis Galvin
Secretary of the Commonwealth of Massachusetts



Corporations Division

Business Entity Summary

ID Number: 042624440

[Request certificate](#)

[New search](#)

Summary for: RED HOUSE, INC.

The exact name of the Domestic Profit Corporation: RED HOUSE, INC.

Entity type: Domestic Profit Corporation

Identification Number: 042624440

Old ID Number: 000019090

Date of Organization in Massachusetts:
05-10-1977

Last date certain:

Current Fiscal Month/Day: 03/31

Previous Fiscal Month/Day: 00/00

The location of the Principal Office:

Address: 24 UNION ST.

City or town, State, Zip code, SOMERVILLE, MA 02143 USA
Country:

The name and address of the Registered Agent:

Name: PETER LEE

Address: 35 LOWE STREET

City or town, State, Zip code, QUINCY, MA 02169 USA
Country:

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	MANDON LAU	289 WEBSTER ST. AUBURNDALE, MA 02466 USA
TREASURER	MANDON LAU	289 WEBSTER ST. AUBURNDALE, MA 02466 USA
SECRETARY	MANDON LAU	289 WEBSTER ST. AUBURNDALE, MA 02466 USA
DIRECTOR	MANDON LAU	289 WEBSTER ST. AUBURNDALE, MA 02466 USA

Business entity stock is publicly traded: ☐

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized
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