

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 4-12-11

2011 APR 12 P 1:53
FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid \$500.00
CITY CLERK'S OFFICE
SOMERVILLE, MA

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Applicant's Legal Name: Wang's Fast Food Phone: 617-623-2982

Applicant's Address (with Zip Code): 509 Broadway Somerville MA 02145

Applicant's Email Address:

Applicant's Federal Employer Identification Number: 04-3361636

Business DBA Name (if applicable):

Business Location (with Zip Code): 509 Broadway Somerville MA 02145

Mailing Name (where we should send correspondence to): Ming Wang

Mailing Address (with Zip Code): 509 Broadway Somerville MA 02145

Emergency Contact: Ming Wang Phone: 617-750-8481

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name: Ming Wang

Address with Zip Code: 67 Magoun Ave Medford MA 02155

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name:

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

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

Mon — Friday 4:00 PM — 12:00 AM  
Sat — Sun 11:30 AM — 12:00 AM

Type of business Chinese food

Length of time at this location \_\_\_\_\_

**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.

Signature of Applicant: \_\_\_\_\_ Date: 4-12-11

Print Name: Ming Wang Phone: 617-750-8481

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

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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 Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By: Corporate Officer (Mandatory, if a corporation)

016-64-7721  
\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Wang's Fast Food

Address of taxpayer/applicant's business in Somerville: 509 Broadway

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

Taxpayer/applicant's phone: day: 617-750-8481 evening: Same

I, (print name) Ming Wang, 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 12 day of

April, 2011. \_\_\_\_\_  
(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: \_\_\_\_\_

# 13428090      # N/A      # 30051532      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: URB

ORIGINAL STAMP:



RECEIVED  
Karinos

4-12-11

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: Wang's Fast Food  
Address: 509 Broadway  
City: Somerville State: MA Zip: 02145 Phone #: 617-750-8481

- I am an employer with 4 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: HUB International New England, LLC  
Address: 299 Ballardvale St.  
City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5100  
Policy #: WC 033300 10 Expiration Date: 8-3-2011

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: 4-12-11

Print Name: Ming Wang

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

# 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

Prior Policy Number: WC 033300 09

### RENEWAL

Policy Number: WC 033300 10

#### 1. Named Insured and Mailing Address:

East Ocean International DBA Wang Fast Food  
Restaurant  
509 Broadway  
Somerville, MA 02145-2503

#### Producer and Mailing Address:

HUB International New England, LLC  
299 Ballardvale Street  
Wilmington, MA 01887  
Tel. (978) 657-5100

The Insured: Corporation

Other workplaces not shown above:

Named Insured: East Ocean International DBA Wang Fast Food Restaurant

2. The policy period is from **8/3/2010** to **8/3/2011** 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

B. 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	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	policy limit
Bodily Injury by Disease	\$ <u>100,000</u>	each employee

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

D. This policy includes the following endorsements and schedules:

**See Extension of Information Page**

4. 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.

Classifications	Loc. St. No.	Code No.	Premium Basis	Rate Per	Estimated
			Total Estimated Annual Remuneration	\$100 of Remuneration	Annual Premium
					\$373
			<b>See Extension of Information Page</b>		

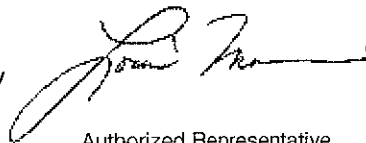
Loss Constant: \$20	Expense Constant Charge:	\$250
Minimum Premium \$ 218	Deposit Premium \$ 623	Total Estimated Annual Premium: \$623

Premium Adjustment Period: Annually

Servicing Office: New England Branch

Countersigned 6/8/2010 at New York, N.Y.

by



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.

Edition 10/97

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