



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

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

LAMS INC.
24 COLLEGE AVE.
SOMERVILLE, MA 02144

License #: **698**
Fee: **550.00**
Account ID: **370**
Reference #: **698**

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: GOLDEN LIGHT RESTAURANT Business Location: 24 COLLEGE AVE Business Phone: 617-666-9822	
License Holder: LAMS INC. 24 COLLEGE AVE. SOMERVILLE, MA 02144 617-666-9822	
Mailing Address: LAMS INC. 24 COLLEGE AVE. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - HO CHING LAM SECRETARY - HO CHING LAM TREASURER - HO CHING LAM	PRESIDENT - Yee Ting Wong Secretary - Yee Ting Wong Treasurer - Man Kit Wong
FID: 999999999	
Food Manager/Emergency Contact: ALEX LAM 617-276-4741	Man Kit Wong 857-234-9717

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

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 ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: Man Kit Wong Date: 13 Mar. 14
 Print Name: Man Kit Wong Phone: 857-234-9717



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Golden Light Restaurant

Address of taxpayer/applicant's business in Somerville: 24 College Ave. Somerville MA 02144

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 857-234-9717 evening: 617-666-9822

I, (print name) Man Kit Wong, 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 March, 20 14. [Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT


DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

<input checked="" type="checkbox"/> Real Estate	<input checked="" type="checkbox"/> Water/Sewer	<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
<u>1133</u> # <u>19621078</u>	# <u>311022001</u>	# <u>08270033</u>	# _____

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: Golden Light Restaurant
Address: 24 College Ave
City: Somerville State: MA Zip: 02144 Phone #: 617666-9822

- I am an employer with _____ 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 Insurance
Address: 1 Park Ave
City: New York State: NY Zip: 10016 Phone #: _____
Policy #: WC 010948 Expiration Date: _____

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: [Handwritten Signature] Date: 13 Mar. 14
Print Name: Man Kit Wong

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 _____