

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Extended Operating Hours License

KING SELHI ASSOCIATES LLC
200 MSGR. O'BRIEN HWY
CAMBRIDGE MA 02141

License #: BL15-000699
File #: 15-537
Fee: 550

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: KING SELHI ASSOCIATES LLC Business Location: 14 MCGRATH HWY Business Phone: 617-666-9666	
License Holder: KING SELHI ASSOCIATES LLC 200 MSGR. O'BRIEN HWY CAMBRIDGE MA 02141	
Mailing Address: KING SELHI ASSOCIATES LLC 200 MSGR. O'BRIEN HWY CAMBRIDGE MA 02141	
Business Type: Corporation ROBERT KING EDWARD POIRIER SANDY SENTNER	
FID: 043667299	
Emergency Contact: ROBERT KING Phone: 617-803-5069	
Extended hours for in-store service (specify days and hours): Su-Sa, 24 Hrs Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

2015 APR 14 P 2:11
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Vijay Kumar Selhi Date: 4/14/15
Printed Name: VIJAY KUMAR SELHI Phone: 617 306 7096



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Kmy Selhi Associates, LLC

Address of taxpayer/applicant's business in Somerville: 14 McGrath Hwy

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

Taxpayer/applicant's phone: day: (617) 354-9027 evening: _____

I, (print name) Vijay Selhi, 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 _____, 20____. _____
(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: _____

1131 # 145042001 # N/A # _____

NOTES:

CLERK'S INITIALS: 29

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: King Selhi Associates, LLC
Address: 200 Montague O'Brien Hwy
City: Cambridge State: MA Zip: 02141 Phone #: (617) 354-9027

- ☒ I am an employer with 100 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: McDonald's Operators Workers' Compensation Group, Inc
Address: 30150 Telegraph Road Ste 406
City: Bayhams Pms State: MI Zip: 48025 Phone #: (800) 869-8402
Policy #: MA WC-31270 (15) 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: [Signature] Date: 4/14/15
Print Name: VITAMIC SELHI

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 _____



Massachusetts

McDonald's Operators Workers' Compensation Group, Inc.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY CERTIFICATE DECLARATIONS

ITEM 1.

Name and Address of Member:

RJK & Company, LLC
d/b/a McDonald's Restaurants
200 Monsignor O'Brien Highway
Cambridge MA 02141
FEI # 04-3667278

Certificate Number: MAWC-31270(15)

Type: Limited Liab Co

Risk I.D. #

UC#/Employer Code:

Locations: All usual workplaces of the member at or from which operations covered by this fund are conducted and located at the above address unless otherwise stated herein: See Endorsement #1.

ITEM 2: Contract Period: From 1/1/2015 to 1/1/2016 - 12:01 a.m. Standard Time at address of member stated herein.

ITEM 3a: Coverage A of this certificate applies to the workers' compensation law and any occupational disease law of Massachusetts

ITEM 3b: Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3. The limits of 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	350,000	Each Employee

ITEM 3c: Other States Insurance: Part Three of the policy Applies to the State, if any, listed here: Massachusetts

ITEM 3d: See Endorsements: End No. 1, End No. E (1/90), End No. I (2/82), End No. R (12/93)

ITEM 4. CLASSIFICATION OF OPERATIONS	CODE	PREMIUM BASIS	RATES	TOTALS
		ESTIMATED TOTAL REMUNERATION	PER \$100 REMUNERATION	ESTIMATED PREMIUMS
Clerical - N.O.C.	8810	200,000	0.08	\$160
Supervisors	8742	300,000	0.16	\$480
Restaurant	9079	7,240,000	1.15	\$83,260
Subtotal:				\$83,900
Experience Mod 0.83				\$69,637
NET PREMIUM				\$69,637
DIA Assessment				2,145
Net Premium with DIA Assessment				\$71,782

DEPOSIT PREMIUM.....See Enclosed Payment

For Inquiries Concerning your
Workers' Compensation Coverage
please dial 1-800-869-8402

Administrator: Donna Zarb
Arthur J. Gallagher Risk Management Services, Inc.
30150 Telegraph Road Ste 408
Bingham Fms MI 48025

By: Donna Zarb
Fund Administrator

Date: 12/1/2014