

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 5-5-10
Amount Paid \$500

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

Business Name: Wang's Fast Food Phone: 617-750-8481

Business DBA Name (if applicable):

Address with Zip Code: 509 Broadway Somerville MA 02145

Tax Identification Number: 04-3361636 Check one: SSN FEIN

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

Address with Zip Code: 509 Broadway Somerville MA 02145

Property Owner Name: Ming Wang Phone: 617-750-8481

Address with Zip Code: 67 Magoun Ave Medford MA 02155

Emergency Contact 1: Jian Wang Phone: 617-899-0903

Emergency Contact 2: Phone:

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:

200 MAY -5 P 1:04
CITY CLERK'S OFFICE
SOMERVILLE, MA

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

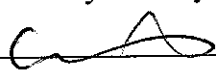
Mon - Friday 4:30 PM - 1:00 AM
Sat - Sunday 11:30 AM - 1:00 AM

Type of business Chinese restaurant

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: 5-3-10

Print Name: Ming Wang Phone: 67-750-5487

POLICE DEPT. (for new applicants or applicants further extending their hours):

The Chief of Police recommends that the application be

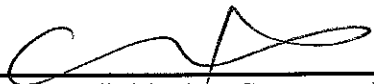
Approved

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)

04-3361636

**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: 617-250-8481 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 3 day of

May, 20 10. _____
(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: _____
134280910 # No Acc # 30051532 # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

received
6-5-2010

**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 (East Ocean International Co)
 Address: 509 Broadway
 City: Somerville State: MA Zip: 02145 Phone #: 617-750-8481

- | | |
|--|---|
| <input checked="" type="checkbox"/> I am an employer with <u>4</u> employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

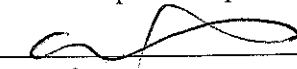
Workers' compensation insurance information (if applicable):

Insurance Company Name: H.UB. International New England, LLC
 Address: 299 Ballardvale St.
 City: Wilmington State: MA Zip: 01887 Phone #: 978-657-5100
 Policy #: WC 0333 0009 Expiration Date: 8/3/2010

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:  Date: 5-3-2010
 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 #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	