



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

2013 MAY 14 P 4: 28

**APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE**

CITY CLERK'S OFFICE  
SOMERVILLE, MA

**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: For <b>GOLDEN LIGHT RESTAURANT</b> Business Location: <b>24 COLLEGE AVE</b> Business Phone: <b>617-666-9822</b>	
License Holder: <b>LAMS INC.</b> <b>24 COLLEGE AVE.</b> <b>SOMERVILLE, MA 02144</b> <b>617-666-9822</b>	
Mailing Address: <b>LAMS INC.</b> <b>SOMERVILLE, MA 02144</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>PRESIDENT - HO CHING LAM</b> <b>SECRETARY - HO CHING LAM</b>	
FID: <b>999999999</b>	
Food Manager/Emergency Contact: <b>ALEX LAM</b> <b>617-276-4741</b>	

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: \_\_\_\_\_ Date 5-5-13.

Print Name: HO CHING LAM. Phone 617-666-9822.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: GOLDEN LIGHT REST.

Address of taxpayer/applicant's business in Somerville: 24 COLLEGE AVE. SOMERVILLE

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

Taxpayer/applicant's phone: day: 617-119-1966 evening: 617-666-9822

I, (print name) HO CHANG TAM, 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 5 day of MAY, 2013.

*[Handwritten Signature]*  
(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: \_\_\_\_\_

# 19621018      # 311022001      # 00210033      # \_\_\_\_\_  
3628      24

NOTES:

CLERK'S INITIALS: UR

ORIGINAL STAMP:

**RECEIVED**  
UR  
5-14-13

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: 28 COLLEGE AVE.  
City: SOMERVILLE State: MA. Zip: 02144 Phone #: 617-666-9000

- 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 INSUR. CO.  
Address: ONE PARK AVE  
City: NEW YORK State: NY Zip: 10016 Phone #:  
Policy #: NE. 010948 Expiration Date: 6/1/14.

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: 5-5-14.  
Print Name: HO CHING TAM.

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 Insurance Company

One Park Avenue  
New York, NY 10016-5807

## WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

### INFORMATION PAGE

NCCI Company No: 16152

#### RENEWAL

Prior Policy Number: WC 010948 12

**Policy Number: WC 010948 13**

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

Lam's Inc d/b/a Golden Light Restaurant  
24 College Ave  
Somerville, MA 02144-1914

**Producer and Mailing Address:**

Richard Soo Hoo Insurance Agency, Inc.  
1148 Washington Street  
Boston, MA 02118  
Tel. (617) 338-8168

The Insured: Corporation

Other workplaces not shown above:

Named Insured: Lam's Inc d/b/a Golden Light Restaurant

2. The policy period is from **6/1/2013** to **6/1/2014** 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>500,000</u>	each accident
Bodily Injury by Disease	\$ <u>500,000</u>	policy limit
Bodily Injury by Disease	\$ <u>500,000</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.

<u>Classifications</u>	<u>Loc. St. No.</u>	<u>Code No.</u>	<u>Premium Basis</u>	<u>Rate Per</u>	<u>Estimated</u>
			<u>Total Estimated Annual Remuneration</u>	<u>\$100 of Remuneration</u>	<u>Annual Premium</u>
					\$1,058

**See Extension of Information Page**

Loss Constant: \$0	Expense Constant Charge: \$250
Minimum Premium \$ 217	Deposit Premium \$ 1,308
	Total Estimated Annual Premium: \$ 1,308

Premium Adjustment Period: Annually

Servicing Office: New England Branch

Countersigned 4/1/2013 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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Richard Soo Hoo Insurance Agency, Inc.

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