APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee $550.00

Date 3/12/13

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid

X New Application

__ Renewing Application with Additions or Changes

__ Renewing Application with NO Additions or Changes

Business (DBA) Name: Chow n' Joy Phone: 617-623-4378

Business Location (with Zip Code): 626C Somerville Ave, Somerville

Applicant's Legal Name: Kee Kar Lau Inc

Applicant's Address (with Zip Code): 626C Somerville Ave, Somerville, Ma 02143

Applicant's Email Address: kevinli6288@gmail.com

Applicant's Federal Employer Identification Number: 04-3185-844

Mailing Name (where we should send correspondence to): Kee Kar Lau, Inc

Mailing Address (with Zip Code): 626C Somerville Ave, Somerville, Ma 02143

Emergency Contact: Kevin Li Phone: 617-448-4133

Type of Business (Check one): __Sole Proprietor __Partnership (inc. LLP) __Trust

X Corporation (inc. LLC) __Other

IF A SOLE PROPRIETOR:

Owner's Name: ZIHANG LI

Address with Zip Code: 26 Sylvia st, Lexington, Ma 02421

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

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

Address with Zip Code: 26 Sylvia st, Lexington, Ma 02421

Partner's/Member's/Secretary's Name: Same as above

Address with Zip Code: Same as above

Partner's/Member's/Treasurer's Name: Same as above

Address with Zip Code: Same as above

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

Sunday – Thursday 12:00 PM – 2:00 AM

Friday – Saturday 12:00 PM – 3:00 AM

Type of business Chinese take out Restaurant

Length of time at this location 4 months

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: [signature] Date: 3/12/13

Print Name: ZHANG LI Phone: 617-448-4133

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

The Chief of Police recommends that the application be

✓ Approved

____ Denied

Signature: [signature] Name and Title: Ch. of

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.

X (Kee Kar Law Inc)

*Signature of Individual or Corporate Name (Mandatory)

ZHANG LI (Owner)

By: Corporate Officer (Mandatory, if a corporation)

022-78-4634 (04-3185844)

**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: Kee Kar Lau, Inc

Address of taxpayer/applicant's business in Somerville: 626 Somerville Ave. Somerville

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617-623-4378 evening: 617-448-4133

I, (print name) ZHANG LI, 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 March, 2013. _____
(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: ___
# 188180 13775	# 2410200	#	#

NOTES:

CLERK'S INITIALS: CL **ORIGINAL STAMP:** RECEIVED 03-20-13

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143
(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682
WWW.SOMERVILLEMA.GOV

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: Kee Kar Lau Inc. dba. Chow n' Joy

Address: 626c Somerville Ave.

City: Somerville State: Ma Zip: 02143 Phone #: 617-623-4378

☒ I am an employer with 5 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 Company.

Address: One Park Ave

City: New York State: NY Zip: 10016 Phone #: 1-888-663-7275

Policy #: WC 047235 Expiration Date: 5/7/13

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: 3/12/13

Print Name: ZIHANG LI

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* _____

(revised Jan. 2008)