

IMPORTANT

#537
REF 699

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Extended Operating Hours
License Number: #191173
Business Name: McDonald's
Location: 14 McGrath Hwy
Special Conditions (if any): Su-Sa, 24 Hrs,

Renewal Fee (Return with this application): \$550

PLEASE FILL IN ALL SIX BOXES BELOW:

2012 APR - 5 A 10:21
CITY CLERK'S OFFICE
SOMERVILLE, MA

The DBA Name of the Business:	McDONALD'S
Somerville Address and Zip Code:	14 McGrath Hwy 02143
Phone Number of the Business:	617-666-9666

The Legal Name of the License Holder:	KING SELHI Assoc. LLC
Street Address of the License Holder:	200 Monsignor O'Brien Hwy
City, State and Zip Code of the License Holder:	Cambridge, MA 02141
Phone Number of the License Holder:	617-354 9027
Email Address of the License Holder:	RJK@RJKcompany.com

Where We Should Send Mail: Name:	KING SELHI Assoc. LLC
Street Address:	200 Monsignor O'Brien Hwy
City, State and Zip Code:	Cambridge, MA 02141
Email:	RJK@RJKcompany.com
Phone Number:	617 354 9027

Federal ID # (Do Not Give a Social Security #):	04-366-7299
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Emergency Contact and Phone (For Fire Dept. Use):	617-803-5069
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-OVER- 617-306-7096

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: _____

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: _____

Trust: Names of All Trustees Who Own More Than 10%: _____

Corporation (inc. LLC): Name of President: ROBERT KING

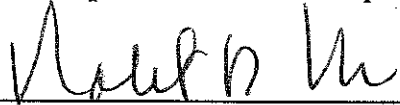
Name of Secretary: SANDY SENTNER

Name of Treasurer: EDWARD POIRIER

Other (Attach a Description of the Form of Ownership and the Names of Owners)

ACKNOWLEDGEMENT: 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 Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:  Date 3/27/2012



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: KING SELHI ASSOC. LLC

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

Address of taxpayer/applicant's home in Somerville: 200 Monsignor O'Brien Hwy

Taxpayer/applicant's phone: day: 617 354 9027 evening: 617-803-5069

I, (print name) ROBERT KING, 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 27 day of March, 2012. [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: _____

9597 # 145042001 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

 **RECEIVED**
UB [Signature]
4-5-12

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 ASSOC LLC
 Address: 200 Monsignor O'Brien Hwy
 City: Cambridge State: MA Zip: 02141 Phone #: 617-3549027

I am an employer with 47 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 Oper. Workers Comp. Group, Ins.
 Address: 2800 Livermore # 275
 City: Troy State: MI Zip: 48083 Phone #: 800-869-8402
 Policy #: MAWC-31270(12) Expiration Date: 01/01/13

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: [Signature] Date: 2/27/2012
 Print Name: ROBERT KING

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 _____

2012



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 Obrien Highway
 Cambridge MA 02141
 FEI # 04-3667278

Certificate Number: MAWC-31270(12)
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 1/1/2012 to 1/1/2013 - 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	0.12	\$240
Supervisors	8742	200,000	0.20	\$400
Restaurant	9079	7,245,240	1.44	\$104,331
Subtotal:				\$104,971
Experience Mod 1.11				\$116,518
NET PREMIUM				\$116,518
DIA Assessment				1,358
Net Premium with DIA Assessment				\$117,876

DEPOSIT PREMIUM..... See Enclosed Payment Schedule

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

Administrator: Paul Pellerito
 Arthur J. Gallagher Risk Management Services, Inc.
 2800 Livernois, Suite 275
 Troy MI 48063

By:

Fund Administrator Date: 11/26/2011