



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

2012 NOV 26 P 2: 20

CITY CLERK'S OFFICE
SOMERVILLE, MA**APPLICATION TO RENEW OUTDOOR SEATING LICENSE**

EAST BRIDGE INTERNATIONAL, INC.
TAIPEI TOKYO
7 HOLLAND ST.
SOMERVILLE, MA 02144

License #: 1012

Fee: 150.00

Account ID: 449

Reference #: 1012

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 TAIPEI TOKYO Business Location: 7 HOLLAND ST Business Phone: (617)625-6666	
License Holder: EAST BRIDGE INTERNATIONAL, INC. TAIPEI TOKYO 7 HOLLAND ST. SOMERVILLE, MA 02144 (617)625-6666	
Mailing Address: EAST BRIDGE INTERNATIONAL, INC. 7 HOLLAND ST. SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - JAN HUEI LIN SECRETARY - JAN HUEI LIN	
FID: 208559091	
Food Manager/Emergency Contact: JAN HUEI LIN 617-281-8633	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5-10PM SEATS/9PM GOODS**

6 SEATS
3 TABLES

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: 11/25/12

Print Name: 617-281-8633

Phone: JAMES LIN

IMPORTANT

It's time to renew your Outdoor Seating and Goods license. We are converting to new software, and the enclosed page shows the information we have on file for your license. Please fill out that page AND the 6 boxes below with the correct information. Return all 4 pages with your fee and with evidence that 1) your \$5,000 Licenses and Permits Bond remains in effect, OR 2) your business liability insurance lists the City as an Additional Insured. Call John Long, City Clerk, at 617 625-6600 x4110 if you have any questions.

The DBA Name of the Business:

Somerville Address and Zip Code:

Phone Number of the Business:

Taipei Tokyo Cafe
7 Holland St Somerville MA
617-625-6666

The Legal Name of the License Holder:

Street Address of the License Holder:

City, State and Zip Code of the License Holder:

Phone Number of the License Holder:

East Bridge Int'l Inc
7 Holland St
Somerville MA
617-281-8633

Where We Should Send Mail: Name:

Street Address:

City, State and Zip Code:

James Lin
15 Stevens St
Winchester MA 01890

Federal ID # (Do Not Give a Social Security #):

208-55-9091

Emergency Contact and his/her Phone Number:

617-281-8633 (James)

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

☐ Sole Proprietor: Name of Owner:

☐ Partnership (inc. LLP): Name of Partnership:

Names of All Partners Who Own More Than 10%:

☐ Trust: Name of Trust:

Names of All Trustees Who Own More Than 10%:

☒ Corporation: Name of Corporation:

Name of President:

Name of Secretary:

LLC: Name of LLC:

Names of All Managers:

East Bridge Int'l Inc

James Lin

Same

Name of Treasurer:

Same

Other (Attach a Description of the Form of Ownership and the Names of the 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 Licensing Commission.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:

Date

11/25/12



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: East Bridge Int'l Inc. (Taipei Tokyo Cafe)

Address of taxpayer/applicant's business in Somerville: 57 Holland St

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

Taxpayer/applicant's phone: day: 617-281-8633 evening: 11

I, (print name) James Lin, 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 25 day of NOV, 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: _____

04178120 # 326002001 # 30056683 # _____
7509 651

NOTES:

CLERK'S INITIALS: URB

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: East Bridge Intl. INC. (Taipei Tokyo Cafe)
Address: 7 Holland St
City: Somerville State: MA Zip: 02144 Phone #: 617-281-8633
☒ I am an employer with 8 employees (full and/or part time). Business Type: ☐ Retail
☐ I am a sole proprietor or partnership and have no employees. ☒ Restaurant/Bar/Eating Establishment
☐ We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. ☐ Office and/or Sales (real estate, auto, etc.)
☐ We are a nonprofit organization staffed by volunteers and have no employees. ☐ Nonprofit
☐ Entertainment
☐ Manufacturing
☐ Health Care
☐ Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: WESCO INS.CO.
Address: 874 WALKER RD.
City: DOVER State: DELAWARE Zip: 19904 Phone #: _____
Policy #: WWC 3039835 Expiration Date: 7/31/13

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: 11/25/12

Print Name: James Lin

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 _____

Wesco Insurance Company

A Stock Insurance Company

874 Walker Rd, Suite C

Dover, DE 19904

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B

1 of 4

INFORMATION PAGE

Ncci Code: 26135

1. Insured:

East Bridge International Inc.

7 Holland Street

Somerville MA 02144

Other workplaces not shown above:

See Extension of Information Page

Producer:

AmTrust North America, Inc.

c/o Sherman W. Saltmarsh, Jr Insurance Agency

751 Main Street

Winchester MA 01890

Policy Number: WWC3039835

☐ Individual ☐ Partnership
☒ Corporation

Federal Tax ID: 208559091

Risk Id:

Renewal of: WWC3023842

2. The policy period is from 7/30/2012 to 7/30/2013 12:01 a.m. at the insured's mailing address.

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 stated listed in item 3.A.

The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
MA	\$ 100,000 each accident	\$ 500,000 policy limit	\$ 100,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3A.

D. This policy includes these endorsements and schedules:

WC 00 00 00 B, WC 99 00 01 B, WC 00 01 13A, WC 00 04 14, WC 20 01 01, WC 20 03 01, WC 20 03 02, WC 20 03 03C, WC 20 04 01, WC 20 04 05, WC 20 06 01A, WC 20 06 04

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.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM 2,377

STATE ASSESSMENT 139

TOTAL ESTIMATED COST 2,516

Minimum Premium 500

Deposit Premium 2,516

Issue Date: 6/13/2012

Countersigned by: _____

[premver1_5/15/2012]

Authorized Representative