



**CITY OF SOMERVILLE, MASSACHUSETTS**  
**MUNICIPAL HEARING OFFICER**  
**BOARD OF ALDERMEN**  
KENNETH JOYCE, MUNICIPAL HEARING OFFICER

**Docket # 194531**

License/Permit  
Extended Operating Hours License - New

Regular Meeting 5/9/2013  
Item ID 7110

**SUMMARY: New Extended Operating Hours License, Chow N Joy, 626C Somerville Ave., Sun-Thu to 2 AM, Fri-Sat to 3 AM.**

**COMPLETE TEXT:**

See Attachment.

**RESULT: APPROVED AS AMENDED**

**AMENDMENT:** Approved for 30 days only, for Sun-Thu till Midnight and Fri-Sat till 1 AM only.

ADOPTED BY THE BOARD OF ALDERMEN OF THE CITY OF SOMERVILLE,  
MASSACHUSETTS, AT A REGULAR MEETING ON THE 9th DAY OF MAY, 2013.

ATTEST:

John J. Long, City Clerk

# APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$550.00

Date 3/12/13

FOR CITY CLERK'S OFFICE ONLY  
Date Recorded \_\_\_\_\_  
Amount Paid \_\_\_\_\_

- 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: Kevinli16288@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  
 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<sup>00</sup> PM - 2<sup>00</sup> AM

Friday - Saturday 12<sup>00</sup> PM - 3<sup>00</sup> 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: ZIHANG 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: chief

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.

 (Kee Kar Lau Inc)  
\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

ZIHANG 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. [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: \_\_\_\_\_  
# 18588180      # 24106200      # \_\_\_\_\_      # \_\_\_\_\_

NOTES: 13715

CLERK'S INITIALS: U

ORIGINAL STAMP: 03-20-13

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

- I am an employer with 5 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: 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: [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 \_\_\_\_\_