



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Extended Operating Hours License

WANG'S FAST FOOD
509 BROADWAY
SOMERVILLE MA 02145

License #: BL15-000701
File #: 15-360
Fee: 550

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: WANG'S FAST FOOD Business Location: 509 BROADWAY Business Phone: 617-623-2982	
License Holder: WANG'S FAST FOOD 509 BROADWAY SOMERVILLE MA 02145	
Mailing Address: WANG'S FAST FOOD 509 BROADWAY SOMERVILLE MA 02145	
Business Type: Sole Proprietor MING WANG	Xiang Zhang (new owner)
FID: 043361636	
Emergency Contact: MING WANG Phone: 617-750-8481	Xiang Zhang 617-835-8678 (new owner)
Extended hours for in-store service (specify days and hours): Su-Sa to 1AM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

2015 MAY 11 P 3:39
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Xiang Zhang Date: 04-16-15

Printed Name: Xiang Zhang Phone: 617-835-8678



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Wang's Fast Ford

Address of taxpayer/applicant's business in Somerville: 509 Broadway

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

Taxpayer/applicant's phone: day: 617-678-8742 evening: 617-678-8742

I, (print name) Xiang Zhang, 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 6th day of May, 20 15. Xiang Zhang
(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: _____

2213 # 2 # 202 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBaraw
5-11-15

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: Wang's Fast Food
Address: 509 Broadway
City: Somerville State: MA Zip: 02155 Phone #: 617-623-2982

- ☒ I am an employer with 3 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: HUB International New England LLC
Address: 299 Ballardvale Street
City: Wilmington State: MA Zip: 01887 Phone #: (978) 657-5100
Policy #: WC 033300 14 Expiration Date: 08/03/2015

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: Xiang Zhang Date: 05/05/2015
Print Name: Xiang Zhang

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 _____