

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date x 03/17/11

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 3/28/11 - MS
Amount Paid \$500.00 ck 25917

- New Application
Renewing Application with Additions or Changes
Renewing Application with NO Additions or Changes

Applicant's Legal Name: KING SELHI Assoc LLC Phone: 617-354-9027

Applicant's Address (with Zip Code): 14 Mcgrath Hwy Somerville, MA

Applicant's Email Address: RJK@RJKcompany.com

Applicant's Federal Employer Identification Number: 04-3667299

Business DBA Name (if applicable): McDonald's

Business Location (with Zip Code):

Mailing Name (where we should send correspondence to): McDonald's Office

Mailing Address (with Zip Code): 200 Msgr. D'Brien Hwy Cambridge MA

Emergency Contact: Vijay Selhi Phone: 617-306-7096

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other ASSOC. LLC

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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

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

Address with Zip Code:

Partner's/Member's/Secretary's Name:

Address with Zip Code:

Partner's/Member's/Treasurer's Name:

Address with Zip Code:

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CITY CLERK'S OFFICE
SOMERVILLE, MA

Extended hours requested (include hours of operation and days of week) 24/7

Type of business Fast Food / McDonald's

Length of time at this location _____

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: *Robert King* Date: 03/17/11

Print Name: Robert King Phone: 617-803-5069

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

The Chief of Police recommends that the application be

Approved

Denied

Signature: _____ Name and Title: _____

**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.

Robert Bruce King

*Signature of Individual or Corporate Name (Mandatory)

Owner/Operator

By: Corporate Officer (Mandatory, if a corporation)

Fed ID — 04-366-7299

**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: King Selhi Assoc. LLC

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

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

Taxpayer/applicant's phone: day: 617 803 5069 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 17 day of March, 20 11.
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 20682089 Water/Sewer # 145045011 Personal Property # 10630008 Other: _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

RECEIVED
[Handwritten initials]

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: King Selhi Assoc. LLC / McDonald's
Address: 200 Monsignor D'Brien Hwy
City: Cambridge State: MA Zip: 02141 Phone #: 617-354-9027

- I am an employer with 40 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: McDonald's Oper. Workers Comp. group. Inc
Address: 2800 Livernois, Suite 275
City: Troy State: MI Zip: 48083 Phone #: 800-869-8402
Policy #: MAWC-31270 (11) Expiration Date: 01/01/2011

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: 03/17/11

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 _____