



**CITY OF SOMERVILLE**  
Commonwealth of Massachusetts  
93 Highland Avenue  
Somerville, MA 02143  
(617) 625-6600

2016 MAY 13 P 12:32

## Application to Renew Extended Operating Hours License

**WANG'S FAST FOOD**  
**509 BROADWAY**  
**SOMERVILLE MA 02145**

**License #:** BL15-000701  
**File #:** 15-360  
**Fee:** 605

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)
<b>Business/DBA Name:</b> WANG'S FAST FOOD <b>Business Location:</b> 509 BROADWAY <b>Business Phone:</b> 617-623-2982	
<b>License Holder:</b> WANG'S FAST FOOD 509 BROADWAY SOMERVILLE MA 02145	
<b>Mailing Address:</b> WANG'S FAST FOOD 509 BROADWAY SOMERVILLE MA 02145	
<b>Business Type:</b> Corporation Xiang Zhang Xiang Zhang Xiang Zhang	
<b>FID:</b> 043361636	
<b>Emergency Contact:</b> Xiang Zhang <b>Phone:</b> 617-835-8678 "CHUNG"	
<b>Extended hours for in-store service (specify days and hours):</b> Su-Sa to 1AM <b>Extended hours for take-out service (specify days and hours):</b> Su-Sa to 1AM <b>Extended hours for delivery service (specify days and hours):</b> Su-Sa to 1AM	

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: 5/12/16  
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 food

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

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 617 835 8678 evening: \_\_\_\_\_

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 12<sup>th</sup> day of May, 2016. Xiang Zhang  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** 12

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: \_\_\_\_\_

# \_\_\_\_\_ # 861022001 # 229 # \_\_\_\_\_

**NOTES:**

201084001

**CLERK'S INITIALS:** [Signature]

**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: Wang's fast food  
Address: 509 Broadway  
City: Somerville State: MA Zip: 02145 Phone #: 617-623-2982  
☒ I am an employer with 4 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: HUB International New England, LLC  
Address: 299 Ballardvale Street  
City: Wilmington State: MA Zip: 01887 Phone #: \_\_\_\_\_  
Policy #: WC 033300 Expiration Date: 08/03/2016

**Applicant certification:**

978 661 6639

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: 05/12/16

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 \_\_\_\_\_