

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 3/15/2010

FOR CITY CLERK'S OFFICE ONLY
Date Recorded 4-8-2010
Amount Paid CK 2930 8500

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Dale Corp. Phone: 781 391 7590

Business DBA Name (if applicable): Dunkin Donuts

Address with Zip Code: 282 Somerville Ave Somerville MA 02143

Tax Identification Number: 04-2624626 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Dale Corp.

Address with Zip Code: 430 Salem St. Medford MA 02155

Property Owner Name: _____ Phone: _____

Address with Zip Code: _____

Emergency Contact 1: Gary D'Alelio Phone: 781 953-6326

Emergency Contact 2: Mitzi Lawlor Phone: 781 953-6324

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

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: Michele Lawlor

Address with Zip Code: 5 Rose Lane Boxford

Partner's/Member's/Secretary's Name: Gary D'Alelio

Address with Zip Code: 43 Great Pond Rd Boxford

Partner's/Member's/Treasurer's Name: Ralph D'Alelio

Address with Zip Code: 10 Wildwood dr. Middleton

CITY CLERK'S OFFICE
2010 APR

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

Type of business retail - coffee donuts

Length of time at this location 30 years

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: Michele Lawlor Date: _____

Print Name: Michele Lawlor Phone: 781 391-7590

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.

Michael Rowley
*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

04-2624626
**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: DALEL Corporation

Address of taxpayer/applicant's business in Somerville: 282 Somerville Ave

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

Taxpayer/applicant's phone: day: 781 391-7590 evening: 781 953-6324

I, (print name) Anichele Lawlor, 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 _____ day of _____, 20_____.

(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: _____
04218152 # 120051011 # 30000337 # _____

NOTES:

CLERK'S INITIALS: *al*

ORIGINAL STAMP: **received**
4-8-10

**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: Dalel Corporation
 Address: 282 Somerville Ave
 City: Somerville State: MA Zip: 02143 Phone #: 781 391-7590

- | | |
|--|--|
| <input checked="" type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input checked="" type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: AIM Mutual - MEIC
 Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Policy #: 2000269012010 Expiration Date: 1/1/2011

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: Michele Lawlor Date: _____
 Print Name: Michele Lawlor

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____
Contact Person: _____	Phone #: _____	