

24/7

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	<u>3/16/10 - MS</u>
Amount Paid	<u>500.00</u> chk <u>23682</u>

Date 03/12/10

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

CITY CLERK'S OFFICE
SOMERVILLE, MA
MAY 16 P 4 49 027

Business Name: KING SELHI ASSOC. LLC Phone: 617-384-9027

Business DBA Name (if applicable): MC DONALD'S

Address with Zip Code: 14 McGrath Hwy - Somerville, MA

Tax Identification Number: 043667299 Check one: SSN FEIN

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

Address with Zip Code: 200 Mass. D'Isen Hwy - Cambridge

Property Owner Name: ROBERT KING Phone: 617-803-5064

Address with Zip Code: 200 Mass. D'Isen Hwy - Cambridge

Emergency Contact 1: VIJAY SELHI Phone: 617-306-7046

Emergency Contact 2: VIPAN KHOSLA Phone: 617-320-3351

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: _____

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: [Handwritten Signature] Date: 03/12/10

Print Name: ROBERT KING Phone: 617 803 8069

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

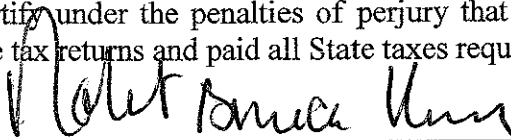
The Chief of Police recommends that the application be

- 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.



*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

043667299

**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
22

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 12 day of
MARCH, 2010. [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: _____
20682089 # 14504401 # 10630008 # _____
14504201
14504501

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP: received
3-16-10

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: KING SELHI ASSOC. LLC / THE DONALD'S
Address: 200 Magn. O'Brien Hwy
City: Cambridge State: MA Zip: 02141 Phone #: 617-354-9027

- I am an employer with 39 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: 48063 Phone #: 800-869-8402
Policy #: MAWC-31270/10 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: Robert King Date: 03/12/10
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 _____



Massachusetts

McDonald's Operators Workers' Compensation Group, Inc.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY CERTIFICATE DECLARATIONS

ITEM 1.

Name and Address of Member:

RJK & Company, LLC
d/b/a McDonald's Restaurants
200 Monsignor Obrien Highway
Cambridge MA 02141
FEI # 04-3667278

Certificate Number: MAWC-31270(10)

Type: Limited Liab Co

Risk I.D. #

UC#/Employer Code:

Locations: All usual workplaces of the member at or from which operations covered by this fund are conducted and located at the above address unless otherwise stated herein: See Endorsement #1.

ITEM 2: Contract Period: From 1/1/2010 to 1/1/2011 - 12:01 a.m. Standard Time at address of member stated herein.

ITEM 3a: Coverage A of this certificate applies to the workers' compensation law and any occupational disease law of Massachusetts

ITEM 3b: Employers Liability Insurance Part Two of the policy applies to work in each state listed in item 3. The limits of liability under Part Two Are:

Bodily Injury By Accident	500,000	Each Accident
Bodily Injury By Disease	500,000	Policy Limit
Bodily Injury By Disease	350,000	Each Employee

ITEM 3c: Other States Insurance: Part Three of the policy Applies to the State, if any, listed here: Massachusetts

ITEM 3d: See Endorsements: End No. 1, End No. E (1/90), End No. I (2/82), End No. R (12/93)

ITEM 4.		PREMIUM BASIS	RATES	TOTALS
CLASSIFICATION OF OPERATIONS	CODE	ESTIMATED TOTAL REMUNERATION	PER \$100 REMUNERATION	ESTIMATED PREMIUMS
Clerical - N.O.C	8810	247,195	0.12	\$297
Supervisors	8742	180,000	0.20	\$360
Restaurant	9079	5,201,700	1.44	\$74,904
Subtotal:				\$75,561
Experience Mod 1.02				\$77,072
NET PREMIUM				\$77,072
DIA Assessment				1,298
Net Premium with DIA Assessment				\$78,370
DEPOSIT PREMIUM				See Enclosed Payment Schedule

For Inquiries Concerning your Workers' Compensation Coverage please dial 1-800-869-8402

Administrator: Paul Pellerito
Arthur J. Gallagher Risk Management Services, Inc.
2800 Livernois, Suite 275
Troy MI 48063

By:
Fund Administrator

Date: 11/30/2009

OPERATOR Robert King

ADDITIONAL NAMED INSUREDS & LOCATIONS

RJK & Company, LLC
738 Broadway Rout 1 North
Saugus MA 01906
Store # 02392

King Selhi Assoc, LLC
2 South Station
Boston MA 02110
Store # 11729

RJK & Company, LLC
1312 Hyde Park Avenue
Hyde Park MA 02136
Store # 04845

King Selhi Assoc, LLC
1 Union Street
Boston MA 02108
Store # 12060

RJK & Company, LLC
200 Monsignor O'Brien Hwy
Cambridge MA 02141
Store # 05000

WAKI, LLC
255 S. Main Street
Middleton MA 01949-
Store # 14303

RJK & Company, LLC
360 Western
Brighton MA 02135
Store # 06839

King-Koshla Associates, LLC
3064 Washington St
Roxbury MA 02119
Store # 17463

King Selhi Assoc, LLC
14 McGrath Highway
Somerville MA 02143
Store # 07059

RJK & Company, LLC
1223 Commonwealth Ave
Allston MA 02134
Store # 26788

King-Koshla Associates, LLC
301 Warren St
Roxbury MA 02119
Store # 11528

King Selhi Assoc, LLC
752 Atlantic Ave
Boston MA 02127
Store # 26934

Nothing herein shall be held to vary, alter, waive or extend any of the terms, conditions, or limitations of the certificate to which this endorsement is attached other than as above stated.

This endorsement when countersigned by the Administrator of Massachusetts Operator's Self Insurers Fund and attached to Certificate No. MAWC-31270(10) shall be valid and form of said certificate.

THIS ENDORSEMENT EFFECTIVE from and after 1/1/2010 at 12:01 AM
Countersigned at 11/30/2009 End. No. 1 (2/82)

Administrator _____