

IMPORTANT

5-1-12
CK 1250
\$550

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and you will see below the information we have on file for your license. Please fill out all six boxes below with the correct information so we can update our records, and return all of the pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

License Type: Extended Operating Hours
License Number: #191320
Business Name: Wang's Fast Food
Location: 509 Broadway
Special Conditions (if any): Su-Sa to 1AM,

2012 MAY -1 A 11:56
CITY CLERK'S OFFICE
SOMERVILLE, MA

Renewal Fee (Return with this application): \$550

PLEASE FILL IN ALL SIX BOXES BELOW:

The DBA Name of the Business:	Wang's Fast Food	
Somerville Address and Zip Code:	509 Broadway	02145
Phone Number of the Business:	(617) 623-2982	

The Legal Name of the License Holder:	Ming wang	
Street Address of the License Holder:	67 Magoon Ave	
City, State and Zip Code of the License Holder:	Medford MA	02155
Phone Number of the License Holder:	(617) 750-8481	
Email Address of the License Holder:	Mingwang8888@yahoo.com	

Where We Should Send Mail: Name:	Wang's Fast Food	
Street Address:	509 Broadway	
City, State and Zip Code:	Somerville MA	02145
Email:	—	
Phone Number:	(617) 623-2982	

Federal ID # (Do Not Give a Social Security #):	04-3361636
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Emergency Contact and Phone (For Fire Dept. Use):	(617) 750-8481
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-OVER-

Type of Business (Check Only One and Give the Names Indicated):

☒ Sole Proprietor: Name of Owner:

Ming Wang

☐ Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:

☐ Trust: Names of All Trustees Who Own More Than 10%:

☐ Corporation (inc. LLC): Name of President:

Name of Secretary:

Name of Treasurer:

Other (Attach a Description of the Form of Ownership and the Names of Owners)

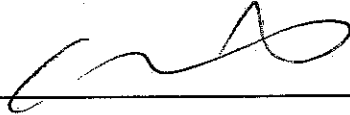
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the Somerville Board of Aldermen.

-I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature:



Date

5-1-2012



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) 750-8481 evening: Same

I, (print name) Ming wang, 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 1 day of

May, 2012. [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:

2155 # # 233 #

NOTES:

CLERK'S INITIALS: C

ORIGINAL STAMP:



RECEIVED

9-5-12

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 (East Ocean International co)
Address: 509 Broadway
City: Somerville State: MA Zip: 02145 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: HOB International new england, LLC
Address: 299 Ballardvale St.
City: Wilmington State: MA Zip: 01887 Phone #: (978) 657-5100
Policy #: WC 03330011 Expiration Date: 8-3-2012

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: 5-1-2012
Print Name: Ming Wang

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