

# APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00 \_\_\_\_\_

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY	
Date Recorded	4/24/10 <i>ms</i>
Amount Paid	\$ 500.00 <i>cc # 3355</i>

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Red House Restaurant Phone: 617-666-4300

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: 02143

Tax Identification Number: 042624440 Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: 24 Union Square, Somerville, MA 02143

Property Owner Name: Belmont Hill Co Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: Jo Chan Phone: 857-233-6201

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

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: Mendon Lau

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: \_\_\_\_\_

CITY CLERK'S OFFICE  
SOMERVILLE, MA  
2010 APR 21 P 2:03

Extended hours requested (include hours of operation and days of week) \_\_\_\_\_

~~Ad~~ Sun - Thur 11:00 Am - 1:30 Am  
Mon - Sat 11:00 Am - 2: Am.

Type of business Take out Restaurant

Length of time at this location 32 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: Mandon Law Date: 4/21/10

Print Name: MANDON LAW Phone: 617-666-4300

**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.

Red House Corp Mandon Lau  
\*Signature of Individual or Corporate Name (Mandatory)

Red House Corp  
By: Corporate Officer (Mandatory, if a corporation)

130-52-2873 042624440  
\*\*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: Red House Restaurant

Address of taxpayer/applicant's business in Somerville: 24 Union Square, Somerville

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

Taxpayer/applicant's phone: day: 617-666-4300 evening: \_\_\_\_\_

I, (print name) Mandon Lau, 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 3<sup>rd</sup>/20 day of March, 2010. Mandon Lau  
(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: \_\_\_\_\_  
# 02028157      # 123079051      # 09140004      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: UB

ORIGINAL STAMP: \_\_\_\_\_

**received**  
UB  
4-21-10