



**CITY OF SOMERVILLE
BOARD OF ALDERMEN**
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143
(617) 625-6600

APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE

**DALEL CORP.
DUNKIN DONUTS
430 SALEM ST
MEDFORD, MA 02155**

License #: **911**

Fee: **550.00**

Account ID: **213**

Reference #: **911**

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)
Business/DBA Name: DUNKIN DONUTS Business Location: 282 SOMERVILLE AVE Business Phone: (781)391-7590	
License Holder: DALEL CORP. DUNKIN DONUTS 430 SALEM ST MEDFORD, MA 02155 (781)391-7590	
Mailing Address: DALEL CORP. DUNKIN DONUTS 430 SALEM ST MEDFORD, MA 02155	
Business Type: CORPORATION (INC. LLC) TREASURER - GARY D'ALELIO PRESIDENT - MICHELE LAWLOR SECRETARY - RALPH D'ALELIO	
FID: 042624626	
Food Manager/Emergency Contact: RALPH D'ALELIO	

2014 APR -9 P 1:19
CITY CLERK'S OFFICE
SOMERVILLE, MA

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **SU-SA, 24 HOURS**

Description of Location and/or Other Conditions:

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: *Michele Lawlor*

Date: 3/4/14

Print Name: Michele Lawlor

Phone: 781 391-7590

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: Dale Corp.
Address: 282 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 781 391-7590
☒ I am an employer with _____ 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: Amtrust Insurance
Address: 59 Maiden Lane 43rd Floor
City: New York State: NY Zip: 10038 Phone #: 212-220-7120
Policy #: TWC 3394716 Expiration Date: 1/1/2015

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: Michelle Lawlor Date: 3/4/14
Print Name: Michelle Lawlor

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 _____



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Dale 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: _____

I, (print name) Michele 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 3rd day of March, 20 14.
(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: _____
1126 13657 # 120057011 # 1084 20130000 # _____

NOTES:

CLERK'S INITIALS: Q

ORIGINAL STAMP: 

RECEIVED
4/7/14