



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

**APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE**

License #: **911**

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

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.

<b>INFORMATION ON FILE:</b>	<b>CHANGES:</b> (Note below or explain on a separate sheet)
Business/DBA Name: <b>DUNKIN DONUTS</b>	
Business Location: <b>282 SOMERVILLE AVE</b>	
Business Phone: <b>(781)391-7590</b>	
License Holder: <b>DALEL CORP.</b> <b>DUNKIN DONUTS</b> <b>430 SALEM ST</b> <b>MEDFORD, MA 02155</b> <b>(781)391-7590</b>	
Mailing Address: <b>DALEL CORP.</b> <b>DUNKIN DONUTS</b> <b>430 SALEM ST</b> <b>MEDFORD, MA 02155</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - GARY D'ALELIO</b> <b>PRESIDENT - MICHELE LAWLOR</b> <b>SECRETARY - RALPH D'ALELIO</b>	
FID: <b>042624626</b>	
Food Manager/Emergency Contact: <b>RALPH D'ALELIO</b>	
	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).  
 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: 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 #: \_\_\_\_\_

Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: Dalei 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) Michelle 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 3<sup>rd</sup> 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

1084  
# 125057011

1084  
# 20130000

# \_\_\_\_\_

NOTES:

CLERK'S INITIALS: \_\_\_\_\_

ORIGINAL STAMP:

RECEIVED  
4/17/14