

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 5/1/11

FOR CITY CLERK'S OFFICE ONLY

2011 MAY 24 P 1:52
Date Recorded CITY CLERK'S OFFICE
Amount Paid SOMERVILLE, MA

☐ New Application

☐ Renewing Application with Additions or Changes

☒ Renewing Application with NO Additions or Changes

Applicant's Legal Name: GOLDEN LIGHT REST Phone: 617-666-9822

Applicant's Address (with Zip Code): 21 PURITAN DR. QUINCY MA 02169

Applicant's Email Address: 2A COLLEGE AVE. SOMERVILLE MA. 02144

Applicant's Federal Employer Identification Number: 042901941

Business DBA Name (if applicable): _____

Business Location (with Zip Code): 2A COLLEGE AVE. SOMERVILLE MA 02144

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: ALEX LAM Phone: 617-216-4141

Type of Business (Check one): ☐ Sole Proprietor ☐ Partnership (inc. LLP) ☐ Trust

☒ Corporation (inc. LLC) ☐ Other _____

IF A SOLE PROPRIETOR:

Owner's Name: HO CHING LAM

Address with Zip Code: 2A COLLEGE AVE SOMERVILLE MA 02144

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) _____

SUNDAY - THURSDAY 4:30^{PM} - 1:30 AM.

FRIDAY - SATURDAY 4:30 PM - 2:00 AM

Type of business RESTAURANT

Length of time at this location 30 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: _____

Date: 5-1-11

Print Name: HO CHUNG LAM

Phone: 617-666-9322

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: Chief of Police

**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)

041-64-1046

**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: GOLDEN LIGHT RESTAURANT

Address of taxpayer/applicant's business in Somerville: 24 COLLEGE AVE SOMERVILLE MA

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-1134965 evening: 617-666 9822

I, (print name) HO CHING LAM, 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

, 20 11

(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: _____

19621018 # 311 022 001 # 08210033 # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:



RECEIVED
UB
5-24-11

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: COLON LIGHT RESTAURANT
Address: 24 COLLEGE AVE.
City: SOMERVILLE State: MA Zip: 02144 Phone #: 617 666 9822

- | | |
|--|---|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time). | Business Type: <input type="checkbox"/> Retail |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees. | <input checked="" type="checkbox"/> Restaurant/Bar/Eating Establishment |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees. | <input type="checkbox"/> Nonprofit |
| | <input type="checkbox"/> Entertainment |
| | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Health Care |
| | <input type="checkbox"/> Other _____ |

Workers' compensation insurance information (if applicable):

Insurance Company Name: PUBLIC SERVICE MUTUAL INSURANCE CO.
Address: ONE PARK AVE.
City: NEW YORK State: NY Zip: 10016 Phone #: _____
Policy #: NC 010948 Expiration Date: JUNE 12

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: 7-1-11
Print Name: JPO CHING LAM

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
Contact Person: _____	Phone #: _____	<input type="checkbox"/> Other _____