



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

**APPLICATION TO RENEW EXTENDED OPERATING HOURS LICENSE**

**KING SELHI ASSOCIATES LLC  
MCDONALD'S  
200 MSGR. O'BRIEN HWY  
CAMBRIDGE, MA 02141**

License #: **699**

Fee: **550.00**

Account ID: **537**

Reference #: **699**

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: <b>MCDONALD'S</b> Business Location: <b>14 MCGRATH HWY</b> Business Phone: <b>(617)666-9666</b>	
License Holder: <b>MCDONALD'S</b> <b>14 MCGRATH HWY.</b> <b>SOMERVILLE, MA 02143</b> <b>(617)666-9666</b>	
Mailing Address: <b>KING SELHI ASSOCIATES LLC</b> <b>MCDONALD'S</b> <b>200 MSGR. O'BRIEN HWY</b> <b>CAMBRIDGE, MA 02141</b>	
Business Type: <b>CORPORATION (INC. LLC)</b> <b>TREASURER - EDWARD POIRIER</b> <b>PRESIDENT - ROBERT KING</b> <b>SECRETARY - SANDY SENTNER</b>	
FID: <b>043667299</b>	
Food Manager/Emergency Contact: <b>ROBERT KING</b> <b>617-803-5069</b>	

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

Hours: **Su-Sa, 24 Hrs**

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: Robert B. King Date: 6/march/2014  
Print Name: ROBERT B. KING Phone: 617-354-9027

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: King Selhi Associates LLC dba McDonald's

Name: King Selhi Associates LLC dba McDonald's

Address: 14 McGrath Hwy

City: Somerville State: MA Zip: 02143 Phone #: 0176669666

- I am an employer with 53 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: MASS MCD'S WORKERS COMPENSATION GROUP, INC

Address: 2800 LIVERNOIS, SUITE 275

City: TROY State: MI Zip: 48083 Phone #:

Policy #: MAWA - 31270(14) Expiration Date: 01/01/15

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: Robert B. King Date: 6/MAR/2014

Print Name: Robert B. King

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: King Selhi Associates LLC McDonalds

Address of taxpayer/applicant's business in Somerville: 14 McGrath Hwy, Somerville, MA 02143

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 617 354 9027 evening: \_\_\_\_\_

I, (print name) Robert B. King, 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 16<sup>th</sup> day of March, 20 14. Robert B. King  
(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: \_\_\_\_\_

# 1131      # 145042001      # N/A      # \_\_\_\_\_

**NOTES:**

CLERK'S INITIALS: (Signature)

**ORIGINAL STAMP:**

