

**CITY OF SOMERVILLE**

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Extended Operating Hours License

LAM'S INC.
24 COLLEGE AVE.
SOMERVILLE MA 02144

License #: BL15-000698
File #: 15-370
Fee: 550

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: LAM'S INC. Business Location: 24 COLLEGE AVE Business Phone: 617-666-9822	
License Holder: LAM'S INC. 24 COLLEGE AVE. SOMERVILLE MA 02144	
Mailing Address: LAM'S INC. 24 COLLEGE AVE. SOMERVILLE MA 02144	
Business Type: Corporation YEE TING WONG MAN KIT WONG YEE TING WONG	
FID: 042907347	
Emergency Contact: MAN KIT WONG Phone: 857-234-9717	
Extended hours for in-store service (specify days and hours): Su-Th to 1:30AM, Fr-Sa to 2AM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

2015 MAY -7 10 5:29
CITY CLERK'S OFFICE
SOMERVILLE, MA

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: Man Kit Wong Date: 5-6-15

Printed Name: Man Kit Wong Phone: 857-234-9717



650
Ticket

All set
Paid all
Tickets owed
Rest don't
belong to
him *the*

City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Golden Light

Address of taxpayer/applicant's business in Somerville: 24 College Ave Somerville MA 02144

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

Taxpayer/applicant's phone: day: 8572349717 evening: 617-666-9822

I, (print name) Man Kit Wong, 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 6 day of May, 20 15.
[Signature]
(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: _____

19621078 # 311022001 # 08270033 # _____

NOTES:

CLERK'S INITIALS: *UR*

ORIGINAL STAMP:

RECEIVED
UBA
5-7-15

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: Golden Light Restaurant
Address: 24 College Ave
City: Somerville State: MA Zip: 02144 Phone #: 6176669822

- | | |
|--|---|
| <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
Address: 1 Park Ave
City: New York State: NY Zip: 10016 Phone #: _____
Policy #: WC 010948 Expiration Date: _____

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: Man Kit Wong Date: 5-6-15
Print Name: Man Kit Wong

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 _____