



CITY OF SOMERVILLE
Commonwealth of Massachusetts
93 Highland Avenue
Somerville, MA 02143
(617) 625-6600

Application to Renew Extended Operating Hours License

DALEL CORP.
430 SALEM ST
MEDFORD MA 02155

License #: BL15-000911
File #: 15-213
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: DALEL CORP. Business Location: 282 SOMERVILLE AVE Business Phone: 781-953-6325	
License Holder: DALEL CORP. 430 SALEM ST MEDFORD MA 02155	
Mailing Address: DALEL CORP. 430 SALEM ST MEDFORD MA 02155	
Business Type: Corporation MICHELE LAWLOR GARY D'ALELIO RALPH D'ALELIO	
FID: 042624626	
Emergency Contact: RALPH D'ALELIO Phone:	781 953-6325
Extended hours for in-store service (specify days and hours): SU-SA, 24 HOURS Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

2015 MAY -4 P 1:44
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: Michele Lawlor Date: 4/9/15
Printed Name: Michele Lawlor Phone: 781 391-7590



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) Michael 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 9th day of April, 2015. Michael Lawlor
(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: _____

N/A # 12005/01 # 1084 # _____

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

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: Dalel Corporation
Address: 282 Somerville Ave
City: Somerville State: MA Zip: 02143 Phone #: 781 391-7590

- ☒ I am an employer with 22 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
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Policy #: WWC 3120452 Expiration Date: 1/1/2016

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 Lantor Date: 4/9/2015
Print Name: Michelle Lantor

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