



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

CK 200794
9550

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

7053

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

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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 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: _____

Date: _____

Print Name: _____

Phone: _____

Robert B. King
ROBERT B. KING

25/03/2013

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:

Name: Robert Bruce King
Address: 200 Monsignor O'Brien Hwy
City: Cambridge State: MA Zip: 02141 Phone #: 617-3549027

- ☒ I am an employer with 50 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: Mass. McDonald's Arthur J. Gallahan Risk Management
Address: 2800 Livorno Rd. Suite 275
City: Thy State: MI Zip: 48087 Phone #: 800-869-9402
Policy #: MAWC-31270 Expiration Date: 12/31/2013

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: 25/03/2013
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: Robert Bruce King D.B.A. McDonald's

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

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

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 25/3/13 day of March, 2013.
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: _____

_____ # 145042001 # 396 # _____
145042111

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

