

APPLICATION FOR EXTENDED OPERATING HOURS

Application Fee \$500.00

Date 8-5-10

FOR CITY CLERK'S OFFICE ONLY
Date Recorded
Amount Paid 500

New Application

Renewing Application with Additions or Changes

Renewing Application with NO Additions or Changes

Business Name: Kee Kar Lau Restaurant Phone: 617-673-4378

Business DBA Name (if applicable):

Address with Zip Code: 1158 Broadway, Somerville Ma 02144

Tax Identification Number: 04-3185844 Check one: SSN FEIN

Mailing Name (where we should send correspondence to): Ho chung Lam

Address with Zip Code: 1158 Broadway, Somerville, Ma 02144

Property Owner Name: Bob Phone:

Address with Zip Code: 1154 Broadway Somerville, Ma 02144

Emergency Contact 1: a lane alan lam Phone: (617) 833-9481

Emergency Contact 2: Peggy Lam Phone: (617) 680-2977

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
Corporation (inc. LLC) Other

IF A SOLE PROPRIETOR:

Owner's Name:

Address with Zip Code:

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: 5:00pm - 1:30 am  
Fri - Sat: 5:00 pm - 2

Type of business take-out restaurant

Length of time at this location 17 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: [Signature] Date: 8-5-10

Print Name: Ho Chung Lam Phone: (617) 957-1112

**POLICE DEPT. (for new applicants or applicants further extending their hours):**

The Chief of Police recommends that the application be

Approved

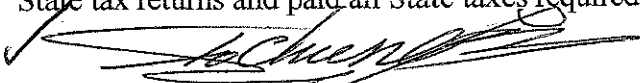
Denied

Signature: [Signature]

Name and Title: Deputy Chief

**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.



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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

✓ 04-3185 844

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\*\*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: Keekar Lau Restaurant

Address of taxpayer/applicant's business in Somerville: 1158 Broadway

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: (617) 830 4699 evening: (617) 623 4378

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 \_\_\_\_\_ day of aug., 2010. [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: \_\_\_\_\_  
# 22691150      # 335013021      # 32011234      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: [Signature]

ORIGINAL STAMP:

**received**  
18-90-10

**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: Kee Kar Lam Restaurant  
 Address: 1158 Broadway  
 City: Somerville State: Ma Zip: 02144 Phone #: 617 623-4378

- I am an employer with 3 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: Public Service Mutual  
 Address: one park ave  
 City: New York State: NY Zip: 10016 Phone #: \_\_\_\_\_  
 Policy #: WG 030858 Expiration Date: 6-27-11

**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: 8-5-10  
 Print Name: Ho Chung Lam

**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 \_\_\_\_\_