



CITY OF SOMERVILLE

Commonwealth of Massachusetts

93 Highland Avenue

Somerville, MA 02143

(617) 625-6600

Application to Renew Extended Operating Hours License

KEE KAR LAU INC
626C SOMERVILLE AVE
SOMERVILLE MA 02143

License #: BL15-001064
File #: 15-838
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: KEE KAR LAU INC Business Location: 626 C SOMERVILLE AVE Business Phone: 617-623-4378	
License Holder: KEE KAR LAU INC 626C SOMERVILLE AVE SOMERVILLE MA 02143	
Mailing Address: KEE KAR LAU INC 626C SOMERVILLE AVE SOMERVILLE MA 02143	
Business Type: Other ZIHANG LI ZIHANG LI ZIHANG LI	
FID: 043185844	
Emergency Contact: KEVIN LI Phone: 617-448-4133	
Extended hours for in-store service (specify days and hours): SU-SA TO 1AM Extended hours for take-out service (specify days and hours): Extended hours for delivery service (specify days and hours):	

2015 MAY 19 P 1:16
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: [Signature] Date: 5/19/15

Printed Name: Kevin Li Phone: 5/19/15



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Kee Kar Lam, Inc

Address of taxpayer/applicant's business in Somerville: 626 Somerville Ave

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

Taxpayer/applicant's phone: day: 617-623-4378 evening: 617-468-4133

I, (print name) Kevin Li, 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 28 day of April, 2015.
[Signature]
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

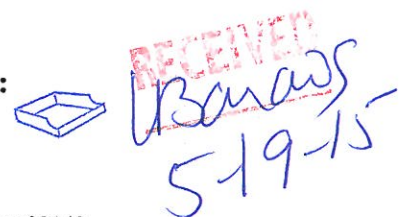
☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

14015 # 24106200 # 1110 # _____

NOTES:

CLERK'S INITIALS: UR

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: Hee Kar Lam, Inc
Address: 626 C Somerville Ave
City: Somerville State: Ma Zip: 02143 Phone #: 617-623-4378

- ☒ I am an employer with 6 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: Public Services Insurance Company.
Address: One Park Ave
City: New York State: NY Zip: 10016 Phone #: 1-888-663-7275
Policy #: WC 047235 Expiration Date: 5/7/16

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: 4/28/15
Print Name: Kevin Li

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 _____