**Office Use Only:**

Date Pmt Rec'd: _____ Fee Paid: \$ _____ Check No: _____

Police Department approval issued ☐ Notes: _____Meets applicable zoning bylaws ☐ _____Certificate of Occupancy issued ☐ _____Board of Health Permits issued ☐ _____

Board of Selectmen Decision Date _____

Approved ☐Denied ☐

TOWN OF NATICK

COMMON VICTUALER LICENSE APPLICATION

*(Type or print clearly; illegible applications will not be accepted)*For Calendar Year: 2019 Date Submitted: _____ Fee: **\$100.00**

The undersigned hereby applies for a Common Victualer License in accordance with the provisions of the Statutes relating thereto:

☒ **Common Victualer License Only**☐ **Common Victualer with Liquor License**

Name of Person, Firm, or Corporation Making Application (Licensee):

Tempura King Inc.Name of Establishment (d/b/a) Tempura KingAddress of Establishment 381 Worcester St. Natick, MA 01760Mailing address *(if different from establishment)* _____Contact Person (to whom ALL licensing information will be sent, including renewal notice and license)Zhihui LiEmail Address 1072525386@qq.com Phone 857-234-9661Manager of Establishment Zhihui LiEmail Address 1072525386@qq.com Phone 857-234-9661

If Business is a Corporation, Corporate Name and Officers _____

Tempura King Inc. / Zhihui Li

If Business is an LLC, List of Members _____

Establishment's Days and Hours of Operation 11:30 am - 9:00 pm Tuesday to Sunday (Monday off)
Number of Staff 2 Number of Seats 24 Seats
Has a Certificate of Occupancy been issued? NO If not, expected date of issuance _____
Have Board of Health Permits been issued? NO If not, expected date of issuance _____

Additional Information Requested by the Town of Natick Police Department for Background Check:

Applicant's Social Security Number or Employee I.D. Number 745 29 0562
Date of Birth March 5th. 1983

I, the Undersigned, state that the information provided in this application, and associated attachments, is true and accurate to the best of my knowledge.

Tax Attestation: Furthermore, Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Applicant or Corporate Officer ZhiHui Li
Signature of Applicant or Corporate Officer ZhiHui Li
Date 6/18/2019

Please print and submit completed application and all required supporting materials as listed below to the Board of Selectmen's Office (508-647-6410), Natick Town Hall, 13 East Central Street, Natick, MA 01760. See additional important licensing information on the Town website at natickma.gov: click on Government, then on Board of Selectmen, then on Grants, Licenses & Permits. Contact the Community & Economic Development Office (508-647-6450) and the Board of Health (508-647-6460), both located on the second floor of Town Hall, and the Town Clerk's Office (508-647-6430), located on the first floor of Town Hall, regarding any other zoning regulations, building requirements, permits, etc. pertaining to your application for a common victualer's license. A common victualer's license, if approved, will be issued only if all zoning regulations are met and a Certificate of Occupancy and Board of Health permits are issued.

Required documents:

1. Proof of Workers Compensation Insurance (if applicable)
2. Workers' Compensation Insurance Affidavit
3. Set of floor plans and site plan*** (If renewing a license and changes have been made to the premises in the previous 12 months, a revised set of floor plans and site plan must be submitted)
4. List of equipment and estimated cost***
5. Copy of Bill of Sale or Lease Agreement***
6. If a Corporation, a copy of Articles of Organization; if an LLC, a copy of the Membership Agreement and list of members***
7. \$100.00 Application fee (checks made payable to the Town of Natick)

*** New Applicants Only (see exception for item #3)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

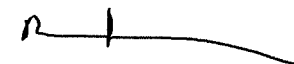
PRODUCER Imaginative Insurance Products, Inc. 511 Washington St Quincy, MA 02169	CONTACT NAME: Rick		
	PHONE (A/C, No, Ext): (617)773-0205	FAX (A/C, No): (617)773-0232	
	E-MAIL ADDRESS: imaginativeins@aol.com or rickerlove@l-ipi.net		
INSURED Tempura King, Inc. 381 Worcester Street Natick, MA 01760	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Utica First Insurance Company		
	INSURER B: Liberty Mutual Insurance Company		
	INSURER C:		
	INSURER D:		
	INSURER E:		
		INSURER F:	

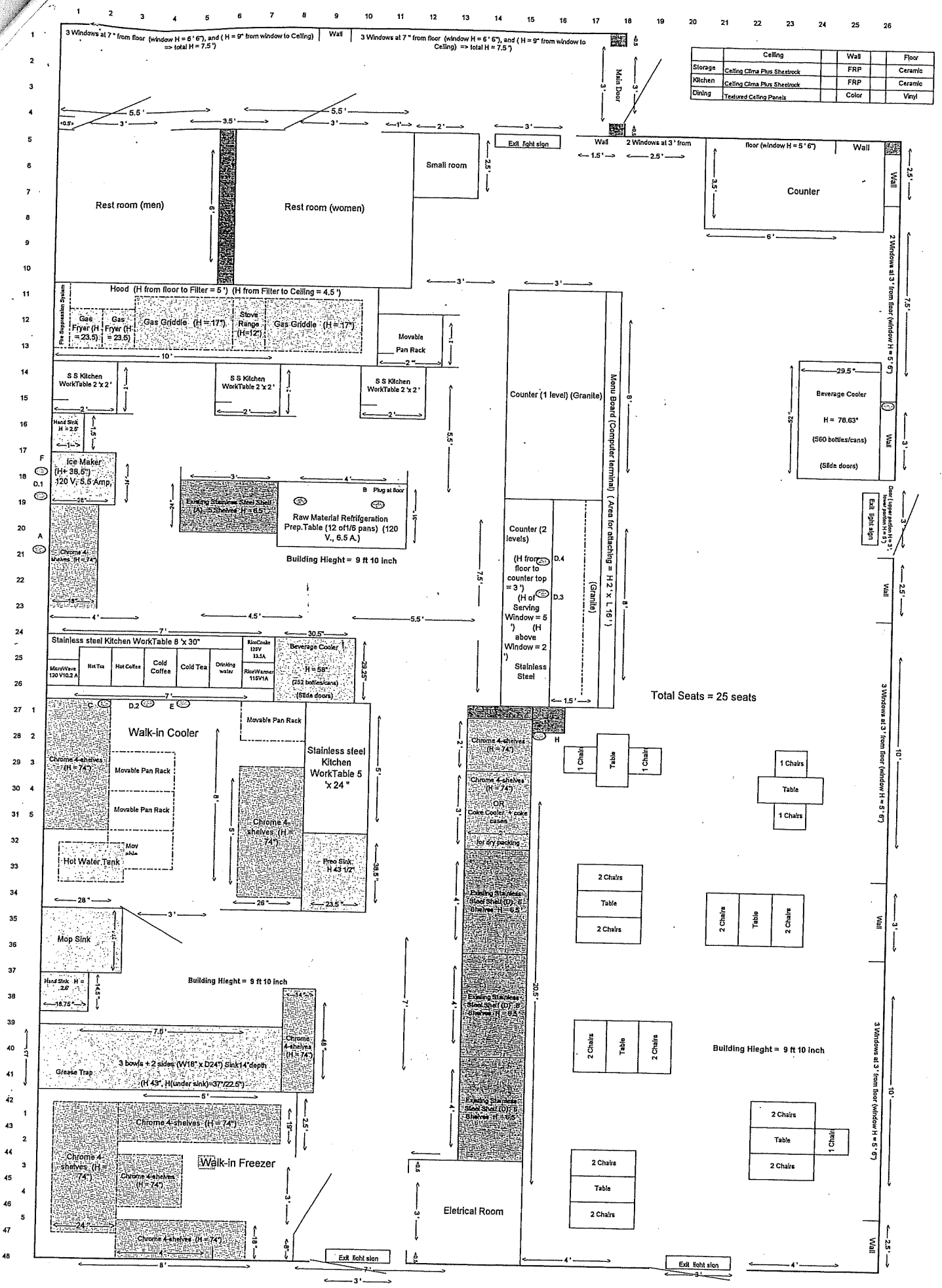
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BOP4464735	07/01/19	07/01/20	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 1,000,000	
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	1213698	07/01/19	07/01/20	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$
							E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER "For Demonstration Purposes"	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

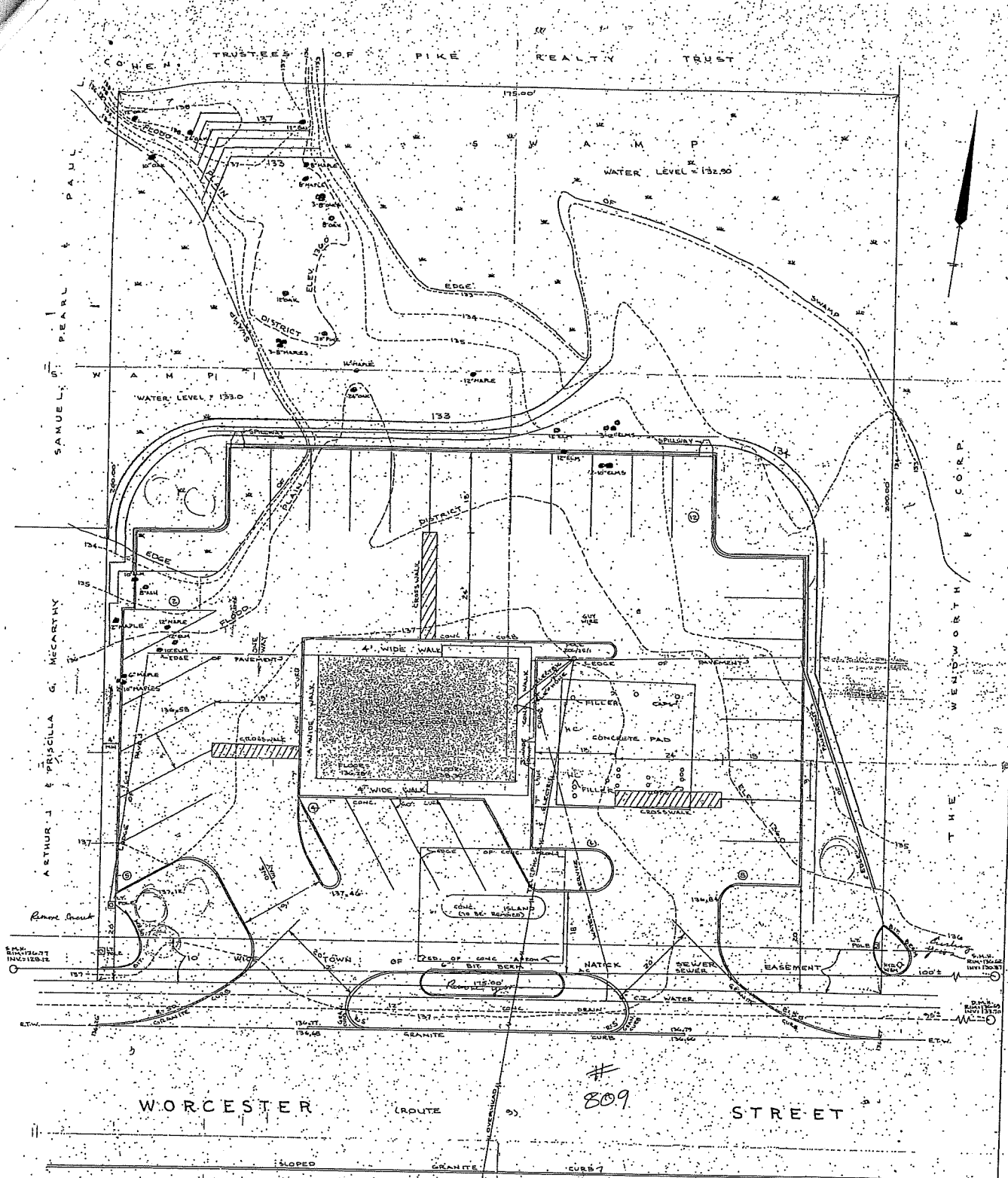


	Ceiling	Wall	Floor
Storage	Ceiling Clima Plus Sheetrock	FRP	Ceramic
Kitchen	Ceiling Clima Plus Sheetrock	FRP	Ceramic
Dining	Textured Ceiling Panels	Color	Vinyl

Total Seats = 25 seats

Building Height = 9 ft 10 inch

Electrical Room

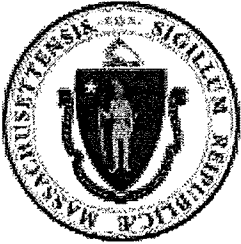


B.M. LEFT BOLT (PAINTED ORANGE) OF HYDRANT
THREE FEET EAST OF SOUTHEAST LOT CORNER
ELEV. 140.15 U.S.C. & G.S. DATUM

SITE PLAN	
NATICK, MASS.	
APPLICANT	
SCALE 1"=10'	
JOSEPH R. SULLIVAN REG. PROFESSIONAL ENGINEER REG. LAND SURVEYOR	
MACCARTHY & SULLIVAN ENGINEERING INC. 81 SPEEN ST. NATICK, MASS.	
DESIGN BY	DWG NO.

ist of Kitchen Equipment. Final

Item	Equipment Type/Model #/Product Description	Dimension (inch)				Specification	Price	Where to buy
		W	D	H				
	Equipments							
1	Beverage Cooler 560 bottles- double door size M 5 shelf -Slide door (from Coke)	54.50	30.00	78.63	1	120 V. 6.8 A.	free	Coke
2	Beverage Cooler 420 bottles- double door size M 5 shelf -Slide door (from Coke)	39.50	30.00	78.63	1	121 V. 10.7 A.	free	Coke
3	Prep Refrigerator 12 of 1/6-pans 6" deep, 10 1/2" deep cutting board, 9.75 cu. Ft, Bottom mounted, Air coolrd, 32 - 41 F	47.00	31.00	42.50	1	120 V., 6.5 A.	1,399.00	webstaurantstore
4	Stove Range Star Max 602HF 2 Burner Countertop	12.25	29.00	12.00	1	Gas 50,000 BTU	492.70	webstaurantstore
5	36" Gas Countertop Griddle , Wells HDTG-3630G Heavy Duty, 3 Burners, Thermostatic	36.00	33.25	17.00	2	Gas 90,000 BTU	2,315.50	webstaurantstore
6	Fryer -Star Max 630FF 30 lb. Gas Countertop	24.00	25.00	23.50	1	Gas 70,000 BTU	1,642.35	
7	Ice Maker Manitowoc UY-0140 A Neo (yield/day =132 lb / bin = 80 lb), half-cube ice, a	26.00	28.00	38.50	1	120 V, 5.5 Amp,	1,549.00	webstaurantstore
8	Advance Tabco FE-3-1824-18RLX Three Compartment Stainless Steel Commercial Sink with Two Drainboards – 90", NFS	90.00	29.75	43.50		3 sinks of 18" x 24" x sink dept14" and 2 drainboards18" (H under sink= 22.5") (H under drainboard = 37")	739.00	webstaurantstore
9	Prep sink Advance Tabco FE-1-1620-18-X One Compartment SS with One Drainboard	38.50	23.50	43.75	1	14" x 14" x sink deep = 10" x 18" x 14"	232.49	webstaurantstore
10	Hand Sink: Regency 1 Bowl Under Bar Sink with Faucet	14.50	18.75	37.00	1	L x D x sink deep = 10" x 14" x 5"	253.99	webstaurantstore
11	Dormont WD-50 Grease Interceptor 100 lb. Grease (50 GPM) Trap Inlet and Outlet Size 4 Inches	32.00	22.00	21.50	1	Put on floor under 3-Bay sink (H under 3-Bay sink= 22.5")	579.00	webstaurantstore
	Small Appliances							
12	Coffee Brewer with 1 Lower Warmer Bunn CWT15-1 Automatic 12 Cup- Black Plastic Funnel 3.8 Gal/hour NSF	8.50	18.00	17.00	1	120V,12.3 A	495.99	webstaurantstore
13	Camtainer Insulated Container (Cambro) model 250 UC 2.75 gallon for 50 cups (80 size)	12.00	12.00	12.00	2	for hot tea, for hot coffee	350.00	
14	Ultra Camtainer Insulated Container (Cambro) Model UC 500, 5 gallon for 91 cups	16.75	11.75	26.63	3	for cold tea, cold coffee, for Drinkin	350.00	
15	Camcarrier 24 Qts(22 Litr) Model# 100MPC	26.25	17.25	15.25	1	for Ice container	350.00	
16	Microwave #NN-SD372S	19.50	14.50	11.00	1	120 V. 10.2 Amp. 1200watt	400.00	
17	Rice Cooker 60 cups	12.00	12.00	12.00	1	120 V. 13.5 Amp,1600 watt	250.00	
18	Rice Warmer warm 24 hours, Stainless Steel, NSF	12.00	12.00	15.00	1	115 V. 1 Amp	220.00	
19	TV Terminal	n/a	n/a	n/a	1	115V. 3 A.	400.00	
20	Menu Board (Computer Terminals)	n/a	n/a	n/a	5	115 V. 1.5 A.	300.00	
	Furniture							
21	Kitchen Work Table 18 Gauge TTF-308-X 430 Stainless Steel Work Table with Backsplash and Undershelf Advance Tabco	96.00	30.00	35.50	1		226.99	webstaurantstore
22	Kitchen Work Table 18 Gauge TTF-247-X " Stainless Steel with 1 1/2" Backsplash and Galvanized Undershelf Advance Tabco	84.00	24.00	35.5	1		197.99	webstaurantstore
23	Kitchen Work Table 18 Gauge TTF-242-X Stainless Steel with1 1/2" Backsplash and Galvanized Undershelf Advance Tabco	24.00	24.00	35.50	1		89.99	webstaurantstore
24	Half Height Bun Pan Rack Mobile End Load -Regency Unassembled (10 Pan Capacity), 3" between shelf	20.00	26.00	38.00	5		64.57	webstaurantstore
25	Full Pan 18 Gauge Aluminum	18.00	26.00	2.00	24		4.96	webstaurantstore
26	Half Size Pan 18 Gauge Aluminum	18.00	13.00	1.125	48		3.64	webstaurantstore
27	Regency 24" x 24" NSF Chrome Shelf Kit with 74" Posts	24	24	74	2		72.99	
28	Regency 24" x 36" NSF Chrome Shelf Kit with 74" Posts	24	36	74	2		78.99	
29	Regency 14" x 48" NSF Chrome Shelf Kit with 74" Posts	14	48	74	1		77.99	
30	Regency 18" x 60" NSF Chrome Shelf Kit with 74" Posts	18	60	74	1		97.99	
31	Regency 24" x 60" NSF Chrome Shelf Kit with 74" Posts	24	60	74	3		113.99	
32	Regency 24" x 60" NSF Chrome Shelf Kit with 74" Posts	18	48	74	2		72.99	
33	Choice Black/Tray Three Shelf Utility Cart / Bus Cart - 32" x 16" x 38"	32.00	17.00	38.00	4	Shelf + 26.5"x16"between shelf 11"	43.23	webstaurantstore
34	Dinner table	48.00	24.00	30.00	7		100.00	I-Kia
35	Dinner Chair	15.00	15.00	16.00	25		30.00	I-Kia
	Outside							
36	JRM Dumpster size 2 yard box	38.00	63.00	48.00	1	at the back of building	free	
37	Smartfuel Used Vegetable Oil Storage 100 gal	33.00	33.00	36.00	1	at the back of building	free	
38	Existing Pylon sign with New Faces				1	at the Front of building	2,200.00	
	Existing Equipment							
39	Existing Hood L=10', W=3' (Hundershelf H = 8" & 16.75 ", Floor to Hood =5' + Hood t	120.00	36.00	60 +54	1		existing	
40	Existing Fire Suppression System				1		existing	
41	Existing Hand Sink	18.00	12.00	36.00	1		existing	
42	Existing Mop Sink	30.00	24.00	36.00	1		existing	
43	Existing Hot Water Tank				1		existing	
44	Existing Stainless Steel Shelve	36.00	24.00	78.00	1		existing	
45	Existing Stainless Steel Shelve	48.00	24.00	60.00	3		existing	
46	Existing café Door	36.00	42.00	n/a	1		existing	



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: 001384081

ARTICLE I

The exact name of the corporation is:

TEMPURA KING INC

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding
		<i>Num of Shares</i>	<i>Total Par Value</i>	
CNP	\$0.00000	20,000	\$0.00	0

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

NONE

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: ZHIHUI LI
No. and Street: 242 HARRISON AVE #B 301
City or Town: BOSTON State: MA Zip: 02111 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	ZHIHUI LI	242 HARRISON AVE #B 301 BOSTON, MA 02111 USA
TREASURER	ZHIHUI LI	242 HARRISON AVE #B 301 BOSTON, MA 02111 USA
SECRETARY	ZHIHUI LI	242 HARRISON AVE #B 301 BOSTON, MA 02111 USA
DIRECTOR	ZHIHUI LI	242 HARRISON AVE #B 301 BOSTON, MA 02111 USA

d. The fiscal year end (i.e., tax year) of the corporation:
April

e. A brief description of the type of business in which the corporation intends to engage:

TAKE OUT RESTAURANT

f. The street address (*post office boxes are not acceptable*) of the principal office of the corporation:

No. and Street: 381 WORCESTER ST
City or Town: NATICK State: MA Zip: 01760 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (*post office boxes are not acceptable*):

No. and Street:

381 WORCESTER ST

City or Town:

NATICK

State: MA

Zip: 01760

Country: USA

which is

☒ its principal office

☐ an office of its transfer agent

☐ an office of its secretary/assistant secretary

☐ its registered office

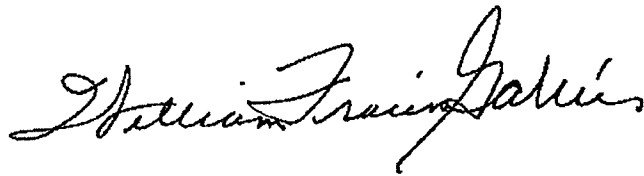
Signed this 16 Day of May, 2019 at 11:34:34 AM by the incorporator(s). *(If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)*

ZHIHUI LI

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

May 16, 2019 11:32 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized initial 'W'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

Date of this notice: 05-17-2019

Employer Identification Number:
84-1794710

Form: SS-4

Number of this notice: CP 575 A

TEMPURA KING INC
TEMPURA KING
242 HARRISON AVE APT B301
BOSTON, MA 02111

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-1794710. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2019
Form 940	01/31/2020
Form 1120	08/15/2020

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is TEMP. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

CP 575 A (Rev. 7-2007)

CP 575 A

999999999999

DATE OF THIS NOTICE: 05-17-2019
EMPLOYER IDENTIFICATION NUMBER: 84-1794710
FORM: SS-4 NOBOD

TEMPURA KING INC
TEMPURA KING
242 HARRISON AVE APT B301
BOSTON, MA 02111



*COMMUNITY AND ECONOMIC
DEVELOPMENT*

BUILDING

PLANNING

ZONING

CONSERVATION

No. 62

BUILDING DEPARTMENT

13 EAST CENTRAL ST. NATICK, MA 01760

Date: July 17, 2019

CERTIFICATE OF OCCUPANCY

Tempura King

This is to certify that permission is granted under Sec. 120 of the State Building Code and granted under Sec. VID of the Natick Zoning Bylaws for the OCCUPANCY as *a restaurant*, located at *381 Worcester Street*, Natick, MA.

A handwritten signature in black ink, appearing to read "David Gusmini".

David Gusmini
Building Commissioner