



Letter ID: L0998198368
Notice Date: September 18, 2025
Case ID: 0-003-066-545

CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE

THONG DUONG
315 CENTRAL ST
SAUGUS MA 01906-2342

Use the confirmation code below to print another copy of this letter or to review your submission.
Confirmation Code: jrrz57



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): FANCY'S NAILS DBA Tea Bar

Address: 61 LOCUST ST

City/State/Zip: MEDFORD, MA 02155-5789 Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input checked="" type="checkbox"/> I am a employer with <u>2</u> employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: The Hartford

Policy # or Self-ins. Lic. #: 08WECBU7WNP Expiration Date: 07/01/2026

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance 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: 09/10/2025

Phone #: 617-396-6917

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

1 ☐ Board of Health 2 ☐ Building Department 3 ☐ City/Town Clerk 4 ☐ Electrical Inspector 5 ☐ Plumbing Inspector 6 ☐ Other _____

Contact Person: _____ Phone #: _____

INFORMATION PAGE

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: Hartford Accident and Indemnity Company
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: 5

10448

POLICY NUMBER:
Previous Policy Number:

08 WEC BU7WNP

New

Suffix
LARS RENEWAL

1. **Named Insured and Mailing Address:** FANCY'S NAILS
(No., Street, Town, State, Zip Code) 61 LOCUST ST
MEDFORD MA 02155

FEIN Number: 81-0966714

State Identification Number(s):

The Named Insured is: Corporation
Business of Named Insured: Snack and Nonalcoholic Beverage Bars
Other workplaces not shown above:

2. **Policy Period:** From 07/01/25 To 07/01/26 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: THUY AN INSURANCE AGENCY
969 DORCHESTER AVENUE
DORCHESTER MA 02125

Producer's Code: 08089102

Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(866) 467-8730

Total Estimated Annual Premium: \$365

Deposit Premium:

Policy Minimum Premium: \$207 MA

Audit Period: ANNUAL

Installment Term: Full Pay (100%Down)

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan L. Castaneda
Authorized Representative

07/29/25
Date

3. A. Workers Compensation Insurance: Part one of the policy applies to the Workers Compensation Law of the states listed here: MA

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A.

The limits of our liability under Part Two are:

Bodily injury by Accident	\$100,000	each accident
Bodily injury by Disease	\$500,000	policy limit
Bodily injury by Disease	\$100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any , listed here:

ALL STATES EXCEPT NORTH DAKOTA, OHIO, WASHINGTON, WYOMING, U.S.TERRITORIES AND STATES DESIGNATED IN ITEM 3.A. OF THE INFORMATION PAGE.

D. This policy includes these endorsements and schedule:

SEE ENDORSEMENT-WC 99 03 68

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications Code Number and Description	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Estimated Annual Premium
Total Standard Premium			\$168
Expense Constant			\$159
Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement			\$8
Other Miscellaneous State Premiums			\$20
Estimated Annual Premium (before Surcharges)			\$355
Total Estimated Surcharges			\$10

*See the attached Schedule(s) of Operations for Location and State Level Premium Information

Total Estimated Annual Premium: \$365
Deposit Premium:
Policy Minimum Premium: \$207 MA

Interstate/Intrastate Identification Number: Refer to Schedule of Operations

Labor Contractors Policy Number:

NAICS: 722515
SIC: 5812



ahurtubise@medford-ma.gov

City of Medford

OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

Date 09/10/2025

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.

[Signature]

*Signature of responsible Individual / Corporate Officer

NGUYEN HO, THONG DUONG

Print Name

315 Central St Gungah, MA 01906

Home Address

Social Security # or
Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number and / or FID Number will be forwarded 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 Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 8/6/25

TO: THE BOARD OF HEALTH

A PETITION for a COMMON VICTUALER LICENSE
has been received from:

Tea Bar Nails + Lashes
APPLICANT NAME

61 Locust St. Medford, MA
STREET ADDRESS

TELEPHONE NO. 617-396-6917

Thongt7799@gmail.com
REPORT BY THE BOARD OF HEALTH OF CONDITIONS

Do you approve of granting this LICENSE? Yes

What are the sanitary conditions? Yes

ENVIRONMENTAL REPORT

[Signature]
BOARD OF HEALTH INSPECTOR



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 8/6/25

TO: TREASURER/COLLECTOR

A PETITION for a COMMON VICTUALLER LICENSE
has been received from:

Tea Bar nails + Lashes
APPLICANT NAME

61 Locust St.
STREET ADDRESS

TELEPHONE NO. _____

Please indicate on this form, if there are any OUTSTANDING TAXES
due on the property.

YES _____

REAL ESTATE _____

NO ☒ _____

PERSONAL PROPERTY _____

Justin M. Oshesky
TREASURER/COLLECTOR



City of Medford
Massachusetts

OFFICE OF THE CITY CLERK

DATE 8/10/25

TO: MEDFORD FIRE CHIEF

A PETITION for a COMMON VICTUALLER LICENSE
has been received from:

Tea Bar Nails + Lashes
APPLICANT NAME

61 Locust St. Medford
STREET ADDRESS

TELEPHONE NO. 617 - 396-6917

REPORT OF THE FIRE CHIEF

Does this property conform to FIRE DEPARTMENT REGULATIONS?

no obvious violations observed

Capt. Spencer
8/12/25

MEDFORD FIRE CHIEF



ADAM L. HURTUBISE
City Clerk
ahurtubise@medford-ma.gov

City of Medford
OFFICE OF THE CITY CLERK

City Hall - Room 103
85 George P. Hassett Drive
Medford, Massachusetts 02155

Telephone
(781) 393-2424
FAX: (781) 391-1895
TDD: (781) 393-2516

CITY OF MEDFORD
TRAFFIC IMPACT REPORT

To: The Honorable, the City Council

DATE 8/6/25

The following is a Traffic Impact Report on a Common Use
LICENSE application of Tea Bar Nails + Lashes
located at 61 Locust St. Medford

No traffic impact anticipated

Signed:

Chief Paul F. Pina
MEDFORD Chief of Police



City of Medford, Massachusetts

Office of the City Clerk

To: The Medford Building Commissioner

Date: 8/6/25

A PETITION for a NEW COMMON VICTUALLER LICENSE

has been received from:

Tea Bar nails + Lashes
Applicant Name/DBA

61 Locust St, Medford, MA 02155
Establishment Street Address

617 - 396 - 6917
Telephone No./Email Address

REPORT OF THE BUILDING COMMISSIONER

Does this Property conform to Zoning Regulations?

YES

Parcel #

Zoning District

Proposed Zoning Use

(see Table B4-A)


Signature/Building Commissioner

8/7/2025
Date

RECEIVED
CITY CLERK
MEDFORD, MASS.

BUSINESS CERTIFICATE NO.

New ☒ Renewal ☐

Fee: \$30.00

7025 MAY 29 PM 12:13

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF MEDFORD

132

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare (s) that a business under the title of:

TEA BAR NAILS & LASHES

61 LOCUST ST, MEDFORD, MA

(ADDRESS, Physical Location of Business, No Post Office Boxes or Rental Box Suites)

FULL NAME

RESIDENCE

THONG THANH DUONG (Tax ID# 810966714)

NHUNG TUYET HO

315 CENTRAL ST, SAUGUS, MA 01906

E-Mail Address THONGD7799@ Phone Number 617-396-6917

Gmail.com

Signed

THE COMMONWEALTH OF MASSACHUSETTS

Middlesex

County

MAY 29

2025

Personally, appeared before me the above-named

Thong Thanh Duong

and made oath that the foregoing statement is true.

(seal)

C. Panto

Clerk

(TITLE)

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 337 OF THE ACTS OF 1985 and CHAPTER 110, SECTION 5 OF MASS. GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING RETIRING OR WITHDRAWING FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES:

MAY 29, 2029

(over)

Notice

I/We understand that filing a Business Certificate is NOT a license from the City Clerk, City of Medford, nor any of its agents or employees to operate a business.

I, We understand that the filing of this Business Certificate DOES NOT necessarily mean that the business is in compliance with the Zoning Laws of the City of Medford (Chapter 94)

I, We understand that a copy of the Business Certificate will be sent to the City of Medford Building and Assessors Department.

I/We understand that this filing is made pursuant to Chapter 110 of the Massachusetts General Laws and is valid for a period of 4 years from the date of acceptance for filing.

I/We understand that copies of such certificate shall be made available at the address such business is physically conducted and furnished upon request during regular business hours to any person who has purchased goods or service from such business.

I/We understand that violations are subject to a fine of not more than three hundred dollars (\$300.00) for each month during which violation occurs.

Signed: _____

Title: _____

City Clerk's Office

85 George P. Hassett Drive, Room 103

Medford, MA. 02155

781-393-2425