



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

APPLICATION TO RENEW GARAGE LICENSE

**BROADWAY PETROLEUM INC
TEELE SQUARE AUTO
1284 BROADWAY
SOMERVILLE, MA 02144**

License #: **859**
City # **G264**
Fee: **550.00**
Account ID: **402**
Reference #: **859**

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: TEELE SQUARE AUTO Business Location: 1284 BROADWAY Business Phone: 617-623-9110	
License Holder: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144 617-623-9110	
Mailing Address: BROADWAY PETROLEUM INC TEELE SQUARE AUTO 1284 BROADWAY SOMERVILLE, MA 02144	
Business Type: CORPORATION (INC. LLC) PRESIDENT - ELIAS ELKHAOULI SECRETARY - ELIAS ELKHAOULI TREASURER - ELIAS ELKHAOULI	
FID: 043203686	
Food Manager/Emergency Contact: ELIAS ELKHAOULI 781-233-3069	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-FR 8AM-6PM, SA 8AM-2PM**

OPEN TO THE PUBLIC

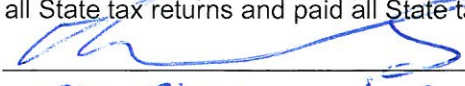
- | | |
|-----------------------------|---------------------------|
| 1 MECHANICAL REPAIRS | 8 VEHICLES OUTSIDE |
| 1 STORING VEHICLES | |
| 3 VEHICLES INSIDE | |

Description of Location and/or Other Conditions:

Originally Issued 12/2/2010, Fuel Deliveries Allowed Between 7AM And 7PM Only. No Auto Body. No Spray Painting. No Washing Vehicles. No Operating Tow Vehicles.

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: 3-14-14
Print Name: Elkhaouli Phone: 617-623-9110



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

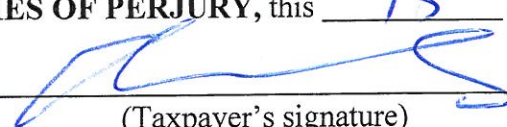
Exact name of taxpayer/applicant's business: Trade SQ Auto

Address of taxpayer/applicant's business in Somerville: 1284 Broadway

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

Taxpayer/applicant's phone: day: 617-623-9110 evening: 781-233-3069

I, (print name) Elk Elkhaoui, 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 15 day of 3, 20 14. 
(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: _____

2379 # 335029011 # 303 # _____

NOTES:

CLERK'S INITIALS: 

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: Broadway petroleum dba truck stop auto
Address: 1284 Broadway
City: Somerville State: MA Zip: 02144 Phone #: 617-623-9110
 I am an employer with _____ 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 Gas station + repair

Workers' compensation insurance information (if applicable):

Insurance Company Name: MA Retail Merchants & Group Inc
Address: PO BOX 859222 - 9222
City: Braintree State: MA Zip: _____ Phone #: 781-848-7652
Policy #: 014005032200114 Expiration Date: 1-1-15

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: 3-15-14
Print Name: ELI ELKHADOVITZ

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 _____