

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

ELIAS ELKHAOULI/E&L REALTY TRUST
6 JAFFERY STREET
SAUGUS MA 01906

LIC #: 2012-264
B.O.A.# 190346

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: Parking or Storing Vehicles: X
Washing Vehicles: Spray Painting: Operating a Tow Vehicle:

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$550.00 not
later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: TEEL SQ. AUTO TEL: 617-623-9110
Company Address: 01284 BROADWAY

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual Co: Corp: X Trust: Agency Gov't Partner
Ship Other
Owner Name: ELIAS ELKHAOULI/E&L REALTY TRUST TEL: 781-233-3069
Owner Address: 6 JAFFERY STREET

Owner City: SAUGUS State: MA Zip: 01906
FID#: 043203686

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2012, please advise.

***** HOURS OF OPERSTIONS *****

MONDAY-FRIDAY: 08:00 AM-06:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----
-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2012-264
FEE: \$550.00

This is to certify: ELIAS ELKHAOULI/E&L REALTY TRUST
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/02/2010

Garage situated at: 01284 BROADWAY

Doing business as : TEEL SQ. AUTO

Shall not exceed: 3 Vehicles Inside & 8 Vehicles Outside, not on public ways
in addition the following restrictions apply:

BOA 190346 DATED 10/28/2010 APPROVED ON NOVEMBER 23, 2010

AMENDED: FUEL DELIVERIES ARE ONLY ALLOWED BETWEEN 7AM AND 7PM.

This renewal certificate must be signed by the holder of the license.
Check One: Owner Occupant Holder

Signature of Applicant

Address

City

State

Zip

** Office Use Only **
Mailed
Taken

Received:

City Clerk

2012 APR 13
CITY CLERK'S OFFICE
APR 10 2012

IMPORTANT

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

BROADWAY PETROLEUM INC DBA
The DBA Name of the Business: *Teela SQ AUTO.*
Somerville Address and Zip Code: *1284 BROADWAY*
Phone Number of the Business: *617-623-9110*

The Legal Name of the License Holder: *Elias ELKhaouli*
Street Address of the License Holder: *6 Jaffery ST*
City, State and Zip Code of the License Holder: *Saugus MA 01906*
Phone Number of the License Holder: *781-233-3069*
Email Address of the License Holder:

Where We Should Send Mail: Name:
Street Address:
City, State and Zip Code: *Same Above*
Email:
Phone Number:

Federal ID # (Do Not Give a Social Security #): *043-203-686*

Emergency Contact and Phone (For Fire Dept. Use): *781-233-3069*

Type of Business (Check Only One and Give the Names Indicated):
Sole Proprietor: Name of Owner:
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:
Trust: Names of All Trustees Who Own More Than 10%:
Corporation (inc. LLC): Name of President: *Elias ELKhaouli*
Name of Secretary: *Same*
Name of Treasurer: *Same*
Other (Attach a Description of the Form of Ownership and the Names of Owners)

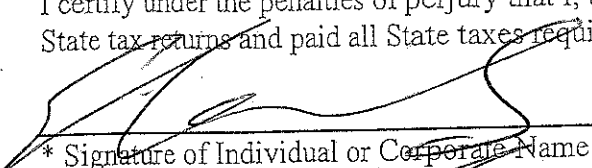
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by law for this business.

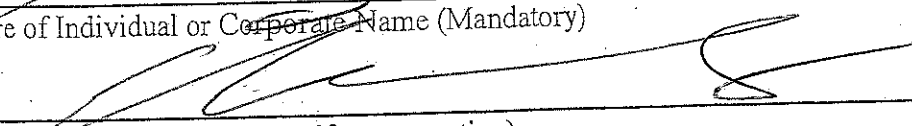
License Holder Signature: *[Signature]* Date: *4-12-12*

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.


* Signature of Individual or Corporate Name (Mandatory)


By: Corporate Officer (Mandatory, if a corporation)

043-203-686
** 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: E+L Realty Trust
Rele SR 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: _____

I, (print name) Elias Elkhach, 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 12 day of

4, 20 12.
(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: _____

02239 # 335029011 # 327 # _____

NOTES:

CLERK'S INITIALS: 4

ORIGINAL STAMP:



RECEIVED

SOMERVILLE CITY HALL • 93 HIGHLAND AVENUE • SOMERVILLE MASSACHUSETTS 02143

(617) 625-6600 EXT. 3500 • TTY: (866) 808-4851 • FAX: (617) 666-9682

WWW.SOMERVILLEMA.GOV



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: BROADWAY PETROLEUM INC dba Teele SQ Auto
address: 1284 BROADWAY
city: SOMERVILLE state: MA zip: 02144 phone #: 617-623-9110

work site location (full address):

☐ I am a sole proprietor and have no one working in any capacity. Business Type: ☐ Retail ☐ Restaurant/Bar/Eating Establishment
☐ Office ☐ Sales (including Real Estate, Autos etc.)
☐ I am an employer with _____ employees (full & part time). ☒ Other Gas station and Auto repair
☐ I am an employer providing workers' compensation for my employees working on this job.

company name: M.A. Retail Merchants Inc Group Inc
address: 10 BRITISH AMERICAN BLVD Latham NY 12110
city: _____ phone #: 781-848-7652
insurance co. Dawling Insurance Agency policy #: 014005032200111

☐ I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy #: _____

company name: _____
address: _____
city: _____ phone #: _____
insurance co. _____ policy #: _____

Attach additional sheet if necessary

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: 4-12-2011
Print name: Eli ELKhaoui Phone #: 617-623-9110

official use only do not write in this area to be completed by city or town official

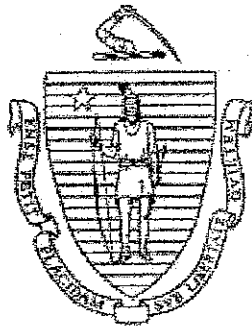
city or town: _____ permit/license #: _____ ☐ Building Department
☐ Licensing Board

☐ check if immediate response is required

contact person: _____ phone #: _____ ☐ Selectmen's Office
☐ Health Department
☐ Other _____

(revised Sept. 2003)

**NOTICE
TO
EMPLOYEES**



**NOTICE
TO
EMPLOYEES**

**The Commonwealth of Massachusetts
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111
617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

MA Retail Merchants WC Group Inc.

NAME OF INSURANCE COMPANY

10 British American Blvd. Latham, NY 12110

ADDRESS OF INSURANCE COMPANY

014005032200111

1/01/2011 - 1/01/2012

POLICY NUMBER

EFFECTIVE DATES

Dowling Insurance Agency, Inc. PO Box 850962 Braintree, MA 02185

781-848-7652

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

Teale Square Auto

1284 Broadway Street Somerville, MA 02144

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY)

DATE

MEDICAL TREATMENT

The above named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

NAME OF HOSPITAL

ADDRESS

TO BE POSTED BY EMPLOYER