

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.  
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

**THE COMMONWEALTH OF MASSACHUSETTS**

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION  
1010 COMMONWEALTH AVE. BOSTON

**RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE**

In accordance with the provisions of Chapter 148, Section 13, of the General Laws, the undersigned hereby certifies that:

ELIAS ELKHAOULI  
6 JAFFREY STREET  
SAUGUS MA 01906-4444  
Lic#: F-2010-035  
B.O.A.#:  
Fee: \$500.00

Restricted to: 23,500 Gallons Total

Restricted as follows;

AMENDED 07/21/55, 05/24/73, 12/10/92

10,000 GALS. GASOLINE 2,500 GALS. FUEL OIL TO BE  
5,000 GALS. LOW LEAD GASOLINE STORED IN TANKER TRUCKS-  
4,000 GALS DIESEL FUEL ABOVE GROUND  
1,000 GALS. PRODUCTS TO INCLUDE MOTOR OIL, GREASE & ANTI-FREEZE  
500 GALS. FUEL OIL

CITY CLERK'S OFFICE  
2010 APR 14 P 1:35

Is the holder of the license originally granted 01/09/1930 for the lawful use of the building (s) or other structure (s) situated or to be situated at 01284 -01286 BROADWAY as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the license if said license was granted prior to July 1, 1936, otherwise by the owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE, AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: BROADWAY PETROLEUM, INC. TEL: 671-623-9110  
Company Address: 01284 -01286 BROADWAY

City: SOMERVILLE State: MA Zip: 02144

Check One: Individual: \_\_\_ Co: \_\_\_ Corp: X Trust: \_\_\_ Agency \_\_\_ Ship \_\_\_ Gov't Partner Other

Owner Name: ELIAS ELKHAOULI TEL: 781-233-3069  
Owner Address: 6 JAFFREY STREET

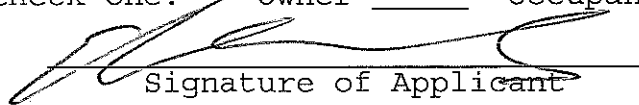
Owner City: SAUGUS State: MA Zip: 01906-4086  
FID#: 043203686

This Application must be signed and filed with the required fee no later than April 30, 2010. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2010 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner \_\_\_ Occupant \_\_\_ Holder \_\_\_

  
Signature of Applicant

Same  
Address

Same  
City State Zip

\*\* Office Use Only \*\*  
Mailed \_\_\_\_\_  
Taken \_\_\_\_\_  
Received: 4-14-2010  
\$500  
City Clerk

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

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: BROADWAY petroleum dba truck stop auto  
 Address: 1284 Broadway S  
 City: Somerville State: MA Zip: 02144 Phone #: 617-623-9110

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b>  | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  | <input type="checkbox"/> Restaurant/Bar/Eating Establishment | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. | <input type="checkbox"/> Nonprofit                           | <input type="checkbox"/> Entertainment                                 |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          | <input type="checkbox"/> Manufacturing                       | <input type="checkbox"/> Health Care                                   |
|  | <input type="checkbox"/> Other                               | <u>Gas station and repair</u>  |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: MA retail merchant w c Group INC  
 Address: 10 BRITISH AMERICAN BLVD Latham NY 12110.  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: 014005037200110. Expiration Date: 1-1-2011

Applicant certification: Insurance agent Dowling's agency Braintree 781-848-7652

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: 4-14-2010  
 Print Name: Elias Elkhaoui

**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 #: \_\_\_\_\_

<input type="checkbox"/>	Board of Health
<input type="checkbox"/>	Building Department
<input type="checkbox"/>	City/Town Clerk
<input type="checkbox"/>	Licensing Board
<input type="checkbox"/>	Selectmen's Office
<input type="checkbox"/>	Other _____


(revised Jan. 2008)

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: Et L Realty Trust  
Teck 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: \_\_\_\_\_ evening: \_\_\_\_\_

I, Elias Elkhaouli, 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 14 day of 4, 2010.  
[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: \_\_\_\_\_
- # 03154042      # 335029011      # 30053387      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UR6

ORIGINAL STAMP:

**received**  
UBaner

4-14-10