

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-2012-035
B.O.A.#:
Fee: \$550.00

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		

AMENDED ON GARAGE LICENSE ON BOA 190346 DATED 10/28/2010 APPROVED ON NOVEMBER 23, 2010 FUEL DELIVERIES ARE ONLY ALLOWED BETWEEN 7AM AND 7PM.

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 Other Gov't Partner

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, 2012. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by 04/30/2012 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

Address

City

State

Zip

** Office Use Only **

Mailed
Taken

Received:

City Clerk

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: 781-733-3069
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): 781-733-3069

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)

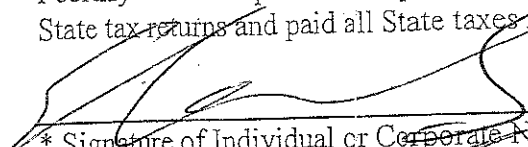
ACKNOWLEDGEMENT: I hereby certify under the penalties of perjury that the following is true:
-All information shown above is true and accurate.
-Any changes above are subject to the approval of the Somerville Board of Aldermen.
-I have filed all State tax returns and paid all State taxes required by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

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. [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: _____

2339
03150042

035009611

327

NOTES:

CLERK'S INITIALS: A

ORIGINAL STAMP:



RECEIVED

A 4-13-12



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 Rele SQ Auto

address:

1284 Broad way

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:

MA Retail Merchants Inc Group Inc

address:

10 British American Blvd Latham NY 12110

city:

phone #:

781-848-7652

insurance co.

Darling Insurance

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

Date

4-12-2011

Print name

Eli ELKhaoul

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
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other

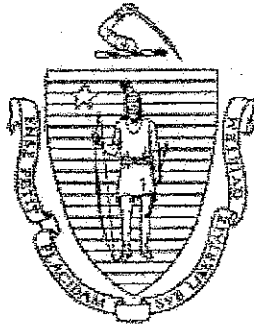
☐ check if immediate response is required

contact person:

phone #:

(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 #

Teele 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