

CITY OF SOMERVILLE

Commonwealth of Massachusetts 93 Highland Avenue Somerville, MA 02143 (617) 625-6600

Application to Renew Garage License

BROADWAY PETROLEUM INC. 1284 BROADWAY SOMERVILLE MA 02144 License #:

BL15-000859

File #:

15-402

Fee:

550

Review and update the information below. <u>If you have workers compensation insurance</u>, 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: BROADWAY PETROLEUM INC Business Location: 1284 BROADWAY Business Phone: 617-623-9110		
License Holder : BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144		
Mailing Address: BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144		
Business Type: Corporation ELIAS ELKHAOULI ELIAS ELKHAOULI ELIAS ELKHAOULI		
FID: 043203686	HCC MS	
Emergency Contact: ELIAS ELKHAOULI Phone: 781-233-3069	- PK' 9	
Proposed Hours of Operation if outside standared hours: MO-FR 8AM-6PM, SA 8AM-2PM # of Vehicles Kept Inside: 3 # of Vehicles Kept Outside: Ø Open to the public? Yes Mechanical repairs? Yes Autobody work? No Spray Painting? No Washing vehicles? No Charging money to store vehicles? Yes Storing unregistered vehicles? No Maintaining or operating a tow vehicle at this location? No	A II: 0"1 OFFICE E. HA	

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:

Phone

one: 6/1-67 3-9/



City of Somerville, Massachusetts Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING ROAD WAY retrolem				
Exact name of taxpayer/applicant's business: Treke 52 http://				
Address of taxpayer/applicant's business in Somerville: 1284 BROAD WAF				
Address of taxpayer/applicant's home in Somerville: 6 Je ffery 5T sought 1985				
Taxpayer/applicant's phone: day: $69-633-9110$ evening: $78-233-3060$				
I, (print name) ————————————————————————————————————				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of				
M ,20 M.				
, 20 () (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:				
# 2391 #335029011 # 290 #				
NOTES:				
CLERK'S INITIALS: ORIGINAL STAMP: Banaus				

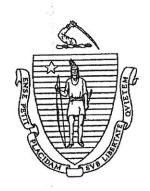
The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:		
Name: BROAD V	xay petrolan	inc do a Tick son bull
Address: 1284 R	2010 WAY	
City: Completel	State: M. Zip: DJ	144 Phone #: 6/1.623-911 =
☐ I am an employer with	rtnership and have no as exercised our right of Enterta Manufation staffed by Office Nonpro Enterta Manufation Health	acturing Care
Workers' compensation insur	rance information (if applicable):	otesting ing Agency
Insurance Company Name:	MA Retail Monch	on we Group iNC
Address: Ora Rox	Braintne My 03	1857
City: Branchtne	State: MA Zip:	Phone #: 781-848-7652
Policy #: 0 400 50	32200115	Expiration Date: 1 -/ -
Applicant certification:		4.
penalties of a fine up to \$1,500 WORK ORDER and a fine o	.00 and/or one years' imprisonment as we	52 can lead to the imposition of criminal cell as civil penalties in the form of a STOP and that a copy of this statement may be tion.
I do hereby certify under the pai	ins and penalties of perjury-that the inform	ation provided above is true and correct.
Signature:		Date: 4-13
Print Name: E // 1	=(Khaol)	
Official use only	v. Do not write in this area. To be complet	ted by city or town official.
City or Town:	Permit/License #:	☐ Building Department☐ City/Town Clerk☐ Licensing Board☐ Selectmen's Office
Contact Person:	Phone #:	Other

(revised Jan. 2008)

NOTICE TO EMPLOYEES



NOTICE TO EMPLOYEES

The Commonwealth of Massachusetts

DEPARTMENT OF INDUSTRIAL ACCIDENTS

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017 617-727-4900 - http://www.state.ma.us/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:

N	IAME OF INSURANCE COMPANY		
PO Box 859222-9222 Braintree, M		water the state of	
AD	DRESS OF INSURANCE COMPANY	1/01/0015	1/01/0016
014005032200115		1/01/2015	
POLICY NUMBER		EFFE	CTIVE DATES
Dowling Insurance Agency, Inc.	PO Box 850962 Braintree, MA 02185		781-848-765
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