



**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. 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)
<b>Business/DBA Name:</b> BROADWAY PETROLEUM INC <b>Business Location:</b> 1284 BROADWAY <b>Business Phone:</b> 617-623-9110	
<b>License Holder:</b> BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
<b>Mailing Address:</b> BROADWAY PETROLEUM INC 1284 BROADWAY SOMERVILLE MA 02144	
<b>Business Type:</b> Corporation ELIAS ELKHAOULI ELIAS ELKHAOULI ELIAS ELKHAOULI	
<b>FID:</b> 043203686	
<b>Emergency Contact:</b> ELIAS ELKHAOULI <b>Phone:</b> 781-233-3069	
<b>Proposed Hours of Operation if outside standard hours:</b> MO-FR 8AM-6PM, SA 8AM-2PM <b># of Vehicles Kept Inside:</b> 3 <b># of Vehicles Kept Outside:</b> 0 <b>Open to the public?</b> Yes <b>Mechanical repairs?</b> Yes <b>Autobody work?</b> No <b>Spray Painting?</b> No <b>Washing vehicles?</b> No <b>Charging money to store vehicles?</b> Yes <b>Storing unregistered vehicles?</b> No <b>Maintaining or operating a tow vehicle at this location?</b> No	8 CITY CLERK'S OFFICE SOMERVILLE, MA 2015 APR 15 A 11:07

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: [Signature] Date: 4-14-15

Printed Name: ELI ELKHAOULI Phone: 617-623-910



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: dba Tree SQ Auto *Brook way petroleum inc*

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

Address of taxpayer/applicant's home in Somerville: 6 Jeffrey St Somers MA

Taxpayer/applicant's phone: day: 97-623-9110 evening: 781-233-3069

I, (print name) Eli Elkhouli, 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, 2015. [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: \_\_\_\_\_

# 2391      # 335029011 # 290      # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

UBanawS  
4-15-15

**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 RETAIL MERCHANT INC dba TRUCKS & AUTO  
 Address: 1284 BROADWAY  
 City: SAMUEL State: MA Zip: 02144 Phone #: 617-623-9110

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

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

Insurance Company Name: MA Retail Merchants WC Group INC  
 Address: P.O. Box Braintree MA 01851  
 City: Braintree State: MA Zip: \_\_\_\_\_ Phone #: 781-848-7652  
 Policy #: 014005032200115 Expiration Date: 1-1-16

**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: 4-4-15  
 Print Name: Eli Elkhaoul

*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 _____

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:

MA Retail Merchants WC Group Inc.

NAME OF INSURANCE COMPANY		
PO Box 859222-9222 Braintree, MA 02185		
ADDRESS OF INSURANCE COMPANY		
014005032200115		1/01/2015 - 1/01/2016
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	